

Ward Screen companion



How to login **3-7**

What the screen shows **8**

Where the data comes from **9-17**

Contact **18**

How to login

Power up the PC

Power up the screen

Check input and output connections

Select correct HDMI source on screen

You will need:

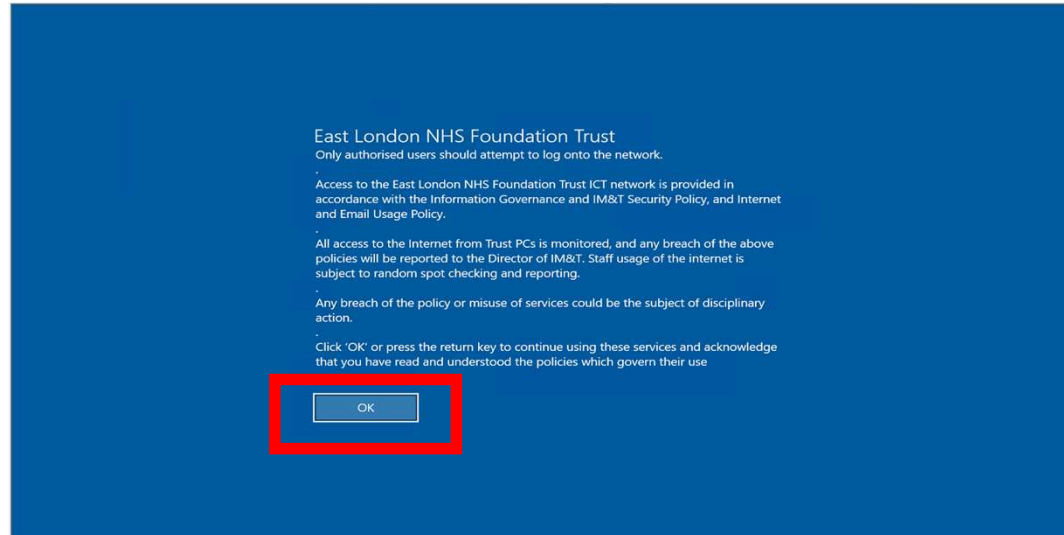
Ward email

Password

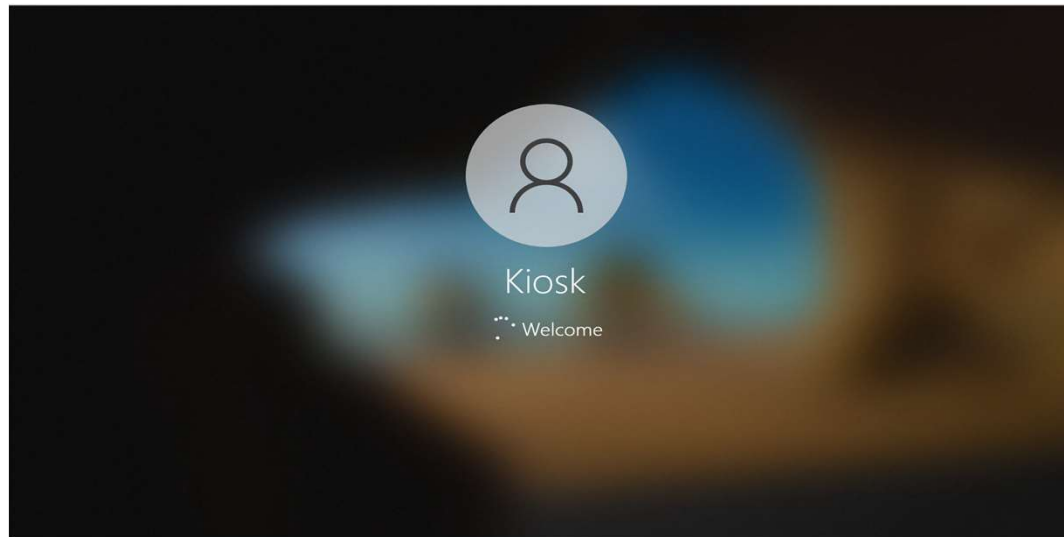
Keyboard & Mouse

Then complete the following 8 stages

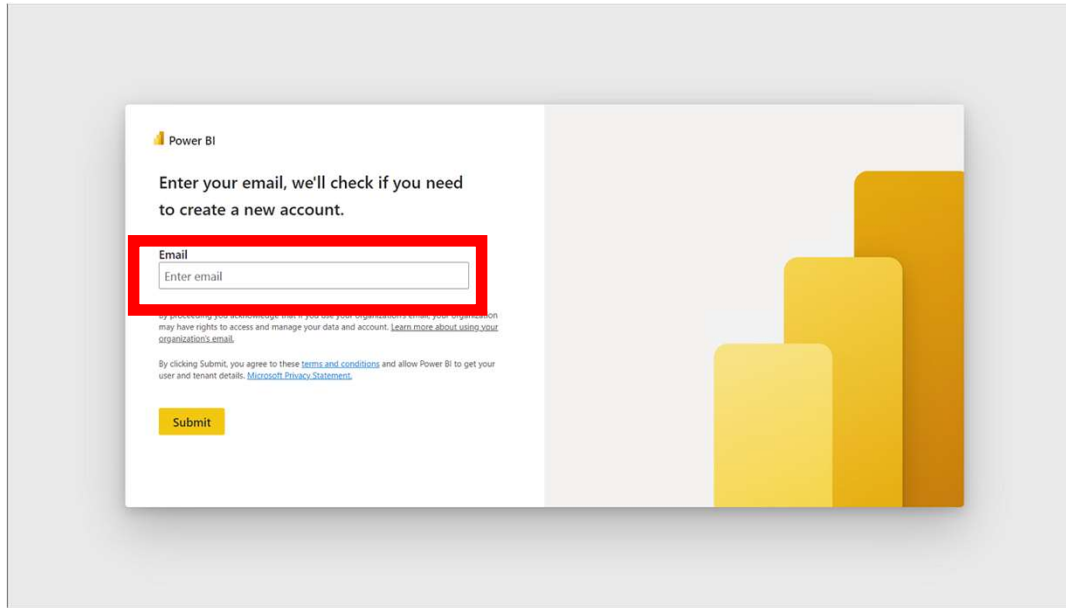
1. Welcome Page



2. Kiosk Login screen (automatic, so nothing to do)



3. Enter email address



Power BI

Enter your email, we'll check if you need to create a new account.

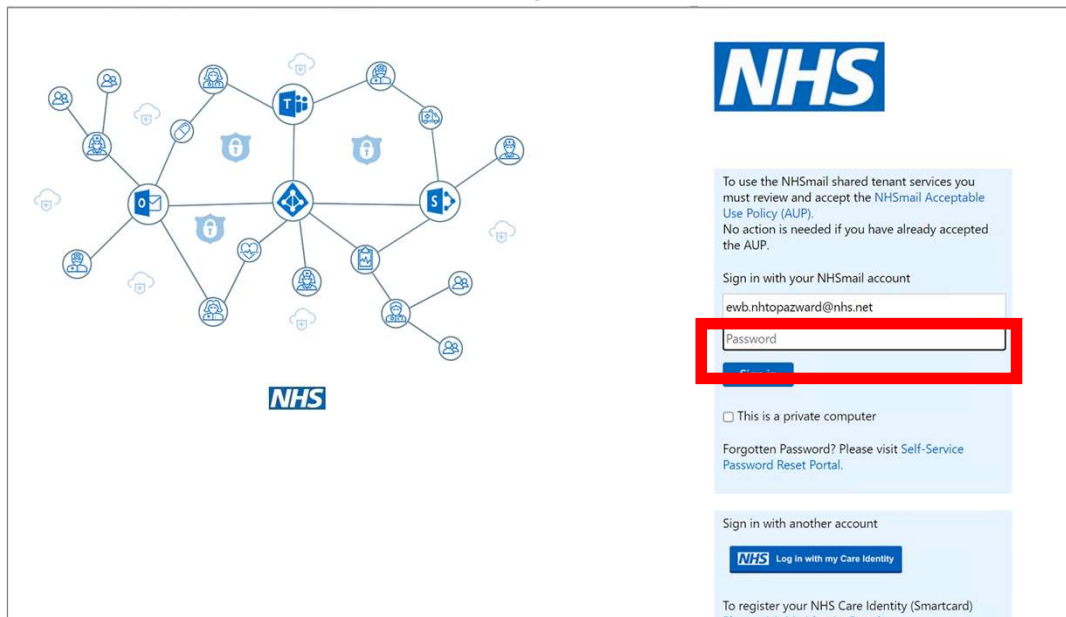
Email

Enter email

By clicking Submit, you agree to these [terms and conditions](#) and allow Power BI to get your user and tenant details. [Microsoft Privacy Statement](#).

Submit

4. Enter password



NHS

To use the NHSmail shared tenant services you must review and accept the NHSmail Acceptable Use Policy (AUP). No action is needed if you have already accepted the AUP.

Sign in with your NHSmail account

ewb.nhtopazward@nhs.net

Password

☐ This is a private computer

Forgotten Password? Please visit [Self-Service Password Reset Portal](#).

Sign in with another account

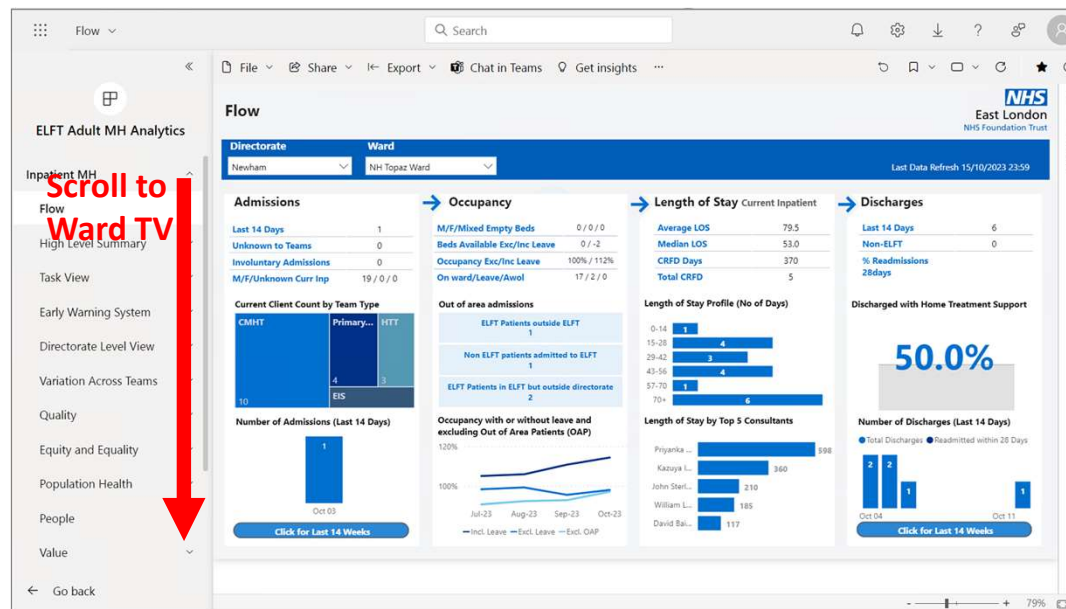
NHS Log in with my Care Identity

To register your NHS Care Identity (Smartcard) please visit [NHS Care Identity Portal](#).

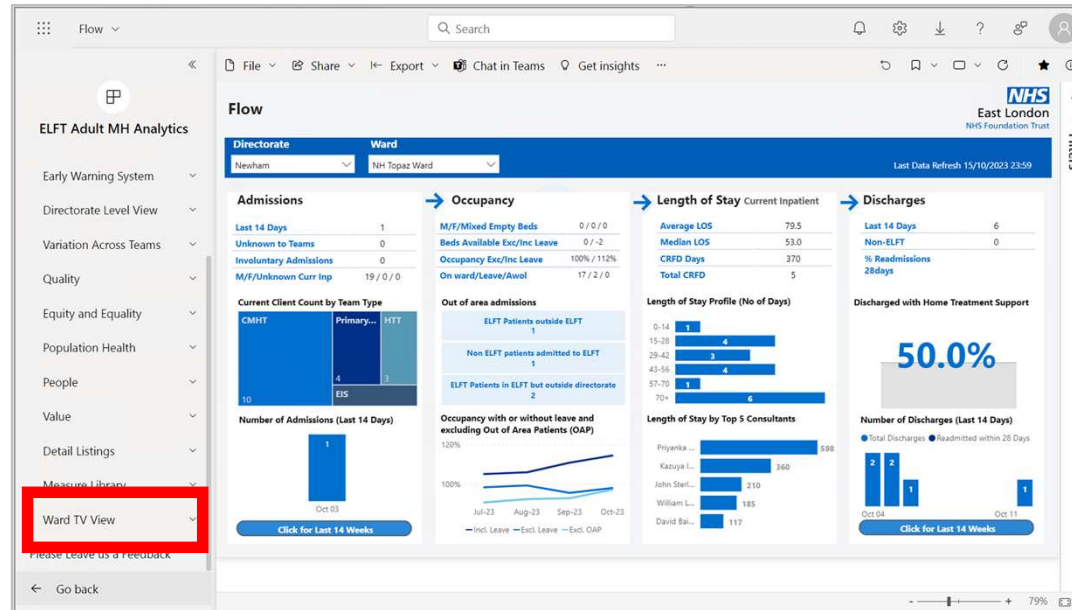
5. Stay Signed in? YES!



6. Inpatients landing page



7. Select Ward TV link



8. Select Ward and Fullscreen view

The screenshot shows the 'Ward TV View' dashboard for 'NH Topaz Ward'. The 'Ward' button is highlighted with a red rectangle and an arrow. The 'Fullscreen' button is also highlighted with a red rectangle and an arrow. The dashboard displays a table of patient data with columns for Name, Risk ID, Admit Date, Leave Status, LOS, MHA, Section Start, Section Expiry, Rights, Consent, Assessment, Risk, Lifestyle, VTE, Discharge on Admission, Consultant, and Care Plan. The table is filtered to show 17 patients.

What the screen shows

NH Emerald Ward

18 Service users on ward | 3 Service Users on Leave | 0 AWOL | 100% Risk Assessed | 0 Beds Available

Last data refresh: LIVE 14/05/24 11:13 | 24hrs 13/05/24 23:59 | NHS East London NHS Foundation Trust

Service user				MHA		Assessment				Care Plan				Locality							
Name	Rio ID	Admit Date	Leave Status	LoS	MHA	Section Start	Section Expiry	Rights	Consent Admit	Consent Treat	Clin Ass Form	Risk Assess	Lifestyle	VTE	Dialog+ on Adm (Hrs)	Consultant	Named Nurse	CRFD Days	Out of Area	Care Coordinator	Care Team
[REDACTED]	[REDACTED]	[REDACTED]	OnWard	383	3	05/03/24	04/09/24	17	[REDACTED]	[REDACTED]	[REDACTED]	27/04/23 12:16	17/02/24	[REDACTED]	483	Priyanka Tharian	Nichole H...			Johnson	NH CRT Nor...

Annotations:

- Date of Admission on ward (points to Admit Date)
- Total number of days on ward (points to LoS)
- Patient's rights were read prior to admission and the number of rights read (points to Rights)
- Patient consent to treatment (points to Consent Treat)
- Risk Assessment for Venous Thromboembolism completed (points to Risk Assess)
- Number of days between the clinically ready for discharge date and the discharge end date or current date (points to CRFD Days)
- Patient is on ward or home (points to Leave Status)
- MHA section number (points to MHA)
- Patient consent to admission to ward (points to Consent Admit)
- Patient has a clinical assessment form completed and linked to admission (points to Clin Ass Form)
- Patient had lifestyle assessment completed (points to Lifestyle)
- Dialog+ completed (points to Dialog+ on Adm (Hrs))
- Patient admitted from outside ELFT (points to Out of Area)

Where does the data come from in RiO?

Service User

MHA

Assessment

Care Plan

Locality

Admit Date

In RiO's
Case Record Menu

From the **Inpatient Management** drop-down list
Select **Admission**

Case Record Menu

- East London Patient Record (HIE)
- BLMK Shared Care Record
- RiO Patient Record Summary
- Liaison Psychiatry Form
- Documents & Editable Letters
- Medical Documentation (Mental Health)
- Conditions (SNOMED)/Diagnosis (ICD10)
- Risk Information
- Physical Health
- Recovery Care Pathway Documentation
- Safeguarding
- Mental Health Act & Mental Capacity Act
- Clustering
- Client Referrals
- Client Related Data-Views
- Inpatient Management**
 - Admission**
 - Discharge
 - Clinically Ready for Discharge
 - Pre-Discharge Planning

Admit Date is
drawn from the
Admission Date Field

Admission

Ward: BD Cedar House

Patient Group: Adult MH Patients

Ward Gender: Any

Bay: Cedar Hse Overbooking (15 Free Beds)

Bed: 8

Referral Consultant: No valid referrals exist for this client

Named Nurse: [Redacted]

Type Of Stay: Rehabilitation

Referral Source: Accident And Emergency D

Referral Reason: Detention under the MHA

Referral Type: External Referral

Decided To Admit Date & Time: 23 October 2023 11:17

Admission Date: 23 October 2023 11:17

Admission Source: Care Home Without Nursing

Admission Method: Emergency - Other

Client Classification: Ordinary Admission

Intended Discharge Date: [Redacted]

First in a Regular Series: [Redacted]

Consultant Service: ADULT MENTAL ILLNESS

Other Consultant: [Redacted]

Intended Management: Client to stay in hospital for at least one night

Legal Status on Admission: Section 3

Psychiatric Patient Status: Not known

Administrative Category: NHS Patient, excluding Overseas Visitors

EWS System: NEWS

Transforming Care Indicator: No - Patient is not in scope of transforming care

Associated Documents

Date Type Time

No Documents Associated

Save **Clear**

All mandatory fields
need to be complete
and **Saved**

Leave Status

In RiO's
Demographics window

Select **Inpatient Status**

On bed select
Leave /
Leave Details

Leave Reason and
all mandatory fields
need to be complete
and **Saved**

Case Record Menu

- Case Record
- Client Demographics
- River View

Physical Health

- Physical Health Assessment Forms (MHA)
- Physical Health Assessments (CommHealth)
- Height, Weight and BMI Record
- Physical Health COQIN Overview
- Physical Health COQIN missing data
- Recovery Care Pathway Documentation

Demographics

Full Name (ClientID)

Preferred Name or Surname

Alerts

LATEST RISK INFORMATION

My safety is my advance directive

Access to child who has Protection Plan?

Client has a Child Protection Plan?

Next Of Kin

Address

Communication Preferences

Other Communication Info

Interpreter Required

Contact Number(s)

Email Address

Does the Client have a Carer?

Dependants

Registered GP

Teams

Care Co-ordinator

Current Care Level

Cluster Status

MHA Status

Inpatient Status

Subst

Role

Alternative Legacy CHN RiO ID

Bed 5

Case Record

Admission Record

Discharge

Transfer

Leave **Leave Details**

Sleepover

AWOL

Inpatient Leave

Planned Date & Time: 20 October 2023 14:00

Planned Return Date & Time: [Redacted]

Current Legal Status: Section 3 - Admission for treatment (17 Jan 2024)

Leave Reason: Home Leave

Escorted: [Redacted]

Actual Leave Date & Time: [Redacted]

Actual Return Date & Time: [Redacted]

End Reason: [Redacted]

Other Information: [Redacted]

Please Select:

- Absent
- Extended Leave
- Home Leave
- Section 17
- Short Leave
- Temporary transfer outside the trust
- Trial Leave

LoS

Length of Stay

Length of Stay in Days (LoS)
= Current Date – Admission date

MHA

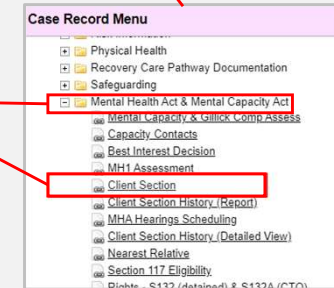
Section number

Section Start

Section Expiry

In RiO's
Case Record Menu

From the **Mental Health Act
& Mental Capacity Act**
drop-down list
Select **Client Section**



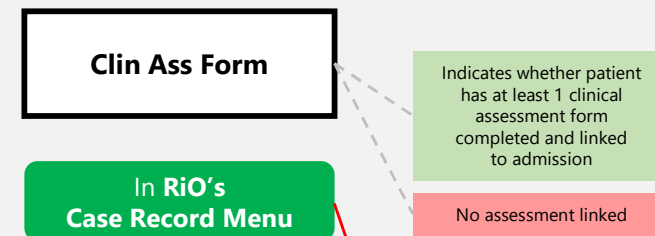
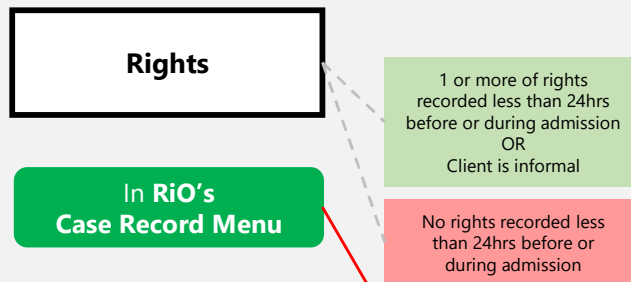
MHA
comes from the
Section Code field
in **Section Detail**

This form is
completed by
the MHA team

A screenshot of the 'Mental Health Act Section' form. The 'Section Detail' section shows fields for Section Code (highlighted with a red box), Start Date & Time (highlighted with a red box), Admission Legal Status, Responsible Clinician, First Medical Recommendation, and Second Medical Recommendation. The 'Reviews' section shows fields for Next Expiry Date & Time (highlighted with a red box), Next Review Date & Time, and Review Held Date & Time. Red lines connect the text in the adjacent callout boxes to these fields.

Section Expiry
comes from the
**Next Expiry Date &
Time** field in **Reviews**

Section Start
comes from the
Start Date and Time
field in **Section Detail**



From the **Mental Health Act & Mental Capacity Act** drop-down list
Select **Client Section**

Case Record Menu

- Physical Health
- Recovery Care Pathway Documentation
- Safeguarding
- Mental Health Act & Mental Capacity Act**
 - Identified Capacity & Basic Capacity Assessments
 - Capacity Contacts
 - Best Interest Decision
 - MH1 Assessment
 - Client Section**
 - Client Section History (Report)
 - MHA Hearings Scheduling
 - Client Section History (Detailed View)
 - Nearest Relative
 - Section 117 Eligibility
 - Rights - S132 (detained) & S132A (CTO)
 - Rights History Report
 - Patient Brought in by Police Data - S136

Under **Screen Sections**
Click **Understanding of Rights** to view most recent record

This form is completed by the MHA team

Screen Sections

- Section Data
- Review
- Form Entry
- Understanding of Rights**
- Leaflets
- Associated Documents
- Court Appearances
- Section 117
- Section Discharge

Form Received

Date Form Received

Understanding of Rights

Date and time Patient's rights explained

Level of Patient's understanding

Interpreter required

Comments

Has Patient been informed about IMHA?

Nearest Relative Involvement Attitude

Decision to Appeal

HCP who made assessment

First language

Leaflets

Leaflet Given

Date Given

From the **Recovery Care Pathway Documentation** drop-down list
Select **Recovery Care Pathway Documentation**

Case Record Menu

- Case Record
 - Client Demographics
 - River View
 - Progress Notes
 - RiO Patient Record Summary
 - Liaison Psychiatry Form
 - Documents & Editable Letters
 - Medical Documentation (Mental Health)
 - Conditions (SNOMED)/Diagnosis (ICD10)
 - Risk Information
 - Physical Health
 - Recovery Care Pathway Documentation**
 - Recovery Care Pathway Documentation**
 - Safeguarding
 - Mental Health Act & Mental Capacity Act

Click **Clinical Assessment** to view complete records
Clin Ass Form comes from last completed form linked to admission

MENU

- Return Screening & Triage
- DIALOG+
- History and Social
- Clinical Assessment**
- My Safety Plan
- Section 117 Aftercare
- Adult Risk Assessment
- CAMHS Risk Assessment

Clinical Assessment

Assessment	Date/Time	Referral / admission
Assessment	19 June 2023 14:49	Admission: (2)
17 June 2022 16:59		Not appropriate
9 March 2022 14:00		Not appropriate
25 June 2021 08:00		Ref: (25 Jun 2)

Select **Form** to view, Edit current or Create new

CPA Documentation (MH)

Clinical Assessment

Client: ZZTEST, Dummy Patient - 1024059

Date/Time: 19 June 2023 14:49

Referral / admission: Admission (24 Apr 2023) TEST DUMMY

Select the appropriate option for this service user

Service user agreed assessment

Presenting situation / complaints

Admitted from Luton CRHT due to suicidal ideation. Referred to Luton CRHT by GP on 9/7/20 - 'Chaotic lifestyle stays at different addresses, with various people referred to as 'friends'. She was also mentioned been low in mood, tearful most days and

Edit current **Create new** **Index** **History** **Save validation details**

Consent Admit

Consent Treat

**In RiO's
Case Record Menu**

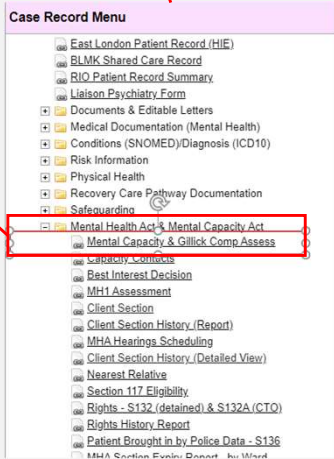
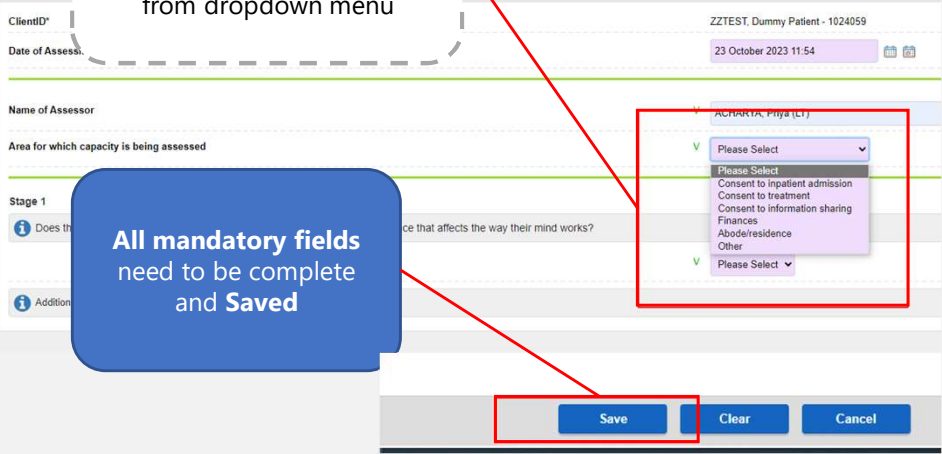
First assessment done 24hr
or more than 48hrs after
admission date

No assessment after
admission date

From the **Mental Health Act & Mental Capacity Act** drop-down list
 Select **Mental Capacity & Gillick Comp Asses**

Consent to Admit and Consent to Treat are determined by the selection from dropdown menu

**All mandatory fields
need to be complete
and Saved**

Risk Assess

First assessment on or
after admission date

No assessment after
admission date

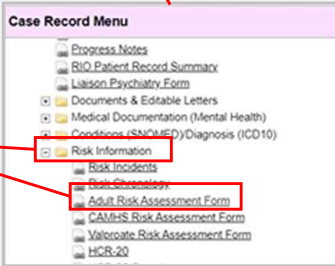
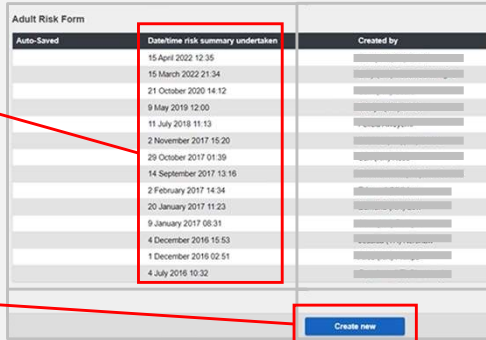
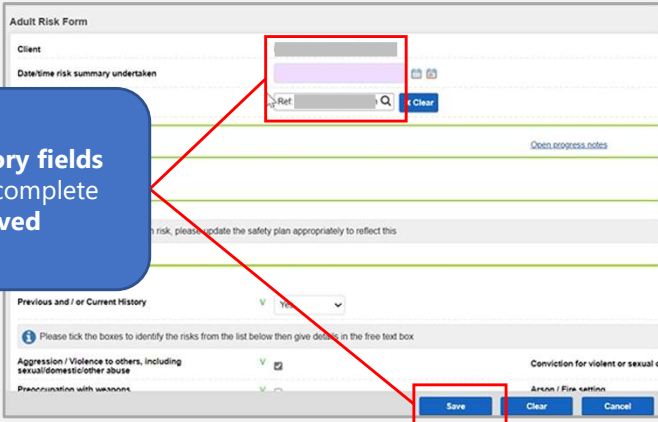
**In RiO's
Case Record Menu**

From the **Risk Information** drop-down list
 Select **Adult Risk Assessment Form**

Review Assessments Done

Create New form

**All mandatory fields
need to be complete
and Saved**

Lifestyle

In RiO's
Case Record Menu

Latest assessment on/after
admission date with status
'Assessment Complete'

No assessment after
admission date with status
'Assessment Complete'

From the **Physical Health**
drop-down list
Select **Physical Health**
Assessment Form

Click **Lifestyle**
Assessment Form

All mandatory fields
need to be complete
and **Saved**

Case Record Menu

- East London Patient Record (H/E)
- BLMK Shared Care Record
- RiO Patient Record Summary
- Liaison Psychiatry Form
- Documents & Editable Letters
- Medical Documentation (Mental Health)
- Conditions (SNOMED)/Diagnosis (ICD10)
- Risk Information
- Physical Health
 - Physical Health Assessment Forms (MH)
 - Physical Health Assessments (CommHealth)
 - Height, Weight and BMI Record
 - Physical Health COUIN Overview
 - Physical Health COUIN selection data

MENU

- Medical Physical Health Assessment
- Nursing Physical Health Assessment Form
- Psychotropic Medication Monitoring
- Urine Tests Form
- Observations and Measurements
- Lifestyle Assessment Form
- Investigations Form

Lifestyle Assessment Form

Client: ZZTEST, Dummy Patient - 1024059

Date/time: []

Is this an admission assessment? ☒ Yes ☐ No

Status of Assessment: Assessment complete

This form pulls through information recorded in previous Lifestyle Assessments. Please e

Follow this link for details of available local interventions and care plans to help you comp

Link to local services and resources information (via intermediate page)

Tobacco use

Have you ever smoked? Current smoker

Save Clear Cancel

VTE

Venous
thromboembolism

In RiO's
Case Record Menu

1. Medical Physical Health
Assessment completed within
24hrs (or more) of admission
with 'Has the patient's mobility
changed?' as 'No' (N/A)
2. Assessment completed within
24hrs (or more) of admission
with 'Has the patient's mobility
changed?' as 'Yes' and has VTE
form completed

1. No Medical Physical Health
Assessment form
2. Medical Physical Health
Assessment form with 'Has
the patient's mobility
changed?' not answered
3. Medical Physical Health
Assessment form with 'Has
the patient's mobility
changed?' as 'Yes' but has no
VTE form completed

From the
Risk Information
drop-down list
Select **Risk Assessment**
For VTE

Create New Form

All mandatory fields
need to be complete
and **Saved**

Case Record Menu

- East London Patient Record (H/E)
- BLMK Shared Care Record
- RiO Patient Record Summary
- Liaison Psychiatry Form
- Documents & Editable Letters
- Medical Documentation (Mental Health)
- Conditions (SNOMED)/Diagnosis (ICD10)
- Risk Information
 - Risk Incidents
 - Risk Chronology
 - Adult Risk Assessment Form
 - CAMHS Risk Assessment Form
 - Valproate Risk Assessment Form
 - HCR-20
 - HCR-20 Overview
 - Falls Risk Summary
 - Risk Assessment for VTE
- Physical Health
- Recovery Care Pathway Documentation
- Safeguarding

VTE can also be set using
the Medical Physical
Health Assessment form
where 'Risk of VTE' field
has been entered

Save Clear Cancel

**Dialog+
on Adm (Hrs)**

Number of hours since
assessment done within
48hrs (or more)
of admission.
Minimum 1 question must
be answered by patient for
Dialog + to be counted

No assessment after
admission

**In RiO's
Case Record Menu**

From the **Recovery Care
Pathway Documentation**
drop-down list

Select **Recovery Care
Pathway Documentation**

Case Record Menu

- Documents & Editable Letters
- Medical Documentation (Mental Health)
- Conditions (SNOMED)/Diagnosis (ICD10)
- Risk Information
- Physical Health
- Recovery Care Pathway Documentation
- Safeguarding
- Mental Health Act & Mental Capacity Act
- Clustering
- Client Referrals
- Client Related Data-Views
- Inpatient Management
- CAMHS
- Intellectual Disability

Select **Dialog+** then
select **Create New** form

MENU

- Referral Screening & Triage
- DIALOG+**
- History and Context
- Clinical Assessment
- My Safety Plan
- Adult Risk Assessment
- CAMHS Risk Assessment
- Safeguarding forms
- Recovery CPA documentation on the Intranet
- Personal contacts hyperlink

All mandatory fields
need to be complete
and **Saved**

Save Clear Cancel

Consultant

Named Nurse

**In RiO's
Demographics window**

Case Record Menu

- Case Record
- Client Demographics
- Physical Health
- Physical Health Assessment Forms (MH)
- Physical Health Assessments (CommHealth)

Demographics

Full Name (ClientID)
Preferred Name or Surname
Alerts
LATEST RISK INFORMATION
My safety is my advance directive
Access to child who has Protection Plan?
Client has a Child Protection Plan?
Next Of Kin
Address
Communication Preferences
Other Communication Info
Interpreter Required
Contact Number(s)
Email Address
Does the Client have a Carer?
Dependants
Registered GP
Team
Care Coordinator
Current Care Level
Cluster Status
MHA Status
Inpatient Status
School

Select radio button to set
Consultant and **Named Nurse**

All **mandatory fields** need to
be complete and **Saved**

Bed 4
ZZTEST, Dummy Three - 21601517 (Delayed Discharge)
Age: 37 years DOB: 13 Nov 1985 Sex: M

Transfer Out Feb 202

Transfer Client from

Ward	TEST OPEN RIO
Bay	TEST OPEN RIO
Bed	4
Consultant	BALDWIN, Toby (CH)
Service	City and Hackney Adult
Other Consultant	
Named Nurse	

Transfer Date

CRFD

Clinically Ready
for Discharge

In RiO's
Case Record Menu

From the **Inpatient
Management**
drop-down list

Select **Clinically Ready for
Discharge**

Case Record Menu

- Physical Health
- Recovery Care Pathway Documentation
- Safeguarding
- Mental Health Act & Mental Capacity Act
- Clustering
- Client Referrals
- Client Related Data-Views
- Inpatient Management
 - Admission
 - Clinically Ready for Discharge**
 - Pre Discharge Planning
 - Admission History

Update Admission Details

View **Update
Admission Dates**

Decided To Admit Date & Time

Admission Date: 21 September 2023 12:38

Consultant: [Name]

Named Nurse: [Name]

Consultant Service: Newham Adult

Other Consultant: No Selection Made

Referral: No valid referrals exist for this person

Admission Source: NHS other hospital provider - ward for

Admission Method: Planned

Client Classification: Ordinary Admission

Intended Discharge Date: [Date]

First in a Regular Series: []

Intended Management: Discharge

Ready for Discharge Date: [Date]

Reason for Discharge Delay: Please Select

Legal Status on Admission: Informal

Psychiatric Status: No previous Hospital Provider Spell

Administrative Category: [Category]

CRFD is set when
Ready for Discharge Date
and **all mandatory fields**
are complete and **Saved**

Save

Clear

Cancel

Out of Area

In RiO's
Demographics window

Click **Demographics**

Case Record Menu

- Case Record
- Client Demographics**
- Physical Health

Demographics

Full Name (ClientID): [Name]

Preferred Name: Unknown

Alerts: [Status]

LATEST RISK INFORMATION: None Re

My safety is my advance directive: No

Access to child who has Protection Plan?: (None re

Client has a Child Protection Plan?: (None re

Next Of Kin: [Name]

Scroll down next screen
Out of Area is based
on **CCG of GP Practice**

Date Registered: 7 Feb 2023

GP Opt Out: [Status]

GP: [GP Name]

Practice Name: THE DE PARYS GROUP

Practice Address: DE PARYS GROUP, 23 DE PARYS AVENUE, BEDFORD, MK40 2TX

Practice Phone Number: 01234 351341

CCG of GP Practice: NHS BEDFORDSHIRE, LUTON AND MILTON KEYNES ICB - M1J4Y(M1J4Y)

Date Registered With GP Practice: 28 Sep 2023

Main Carer: [Name]

Care Coordinator

In RiO's
Demographics window

Case Record Menu

Click **Demographics**

Demographics

Full Name (ClientID)
Preferred Name
Alerts
LATEST RISK INFORMATION
My safety is my advance directive
Access to child who has Protection Plan?
Client has a Child Protection Plan?
Next Of Kin
Address
Communication Preferences
Other Communication Info
Interpreter Required
Contact Number(s)
Email Address
Does the Client have a Carer?
Dependants
Registered GP
Teams
Care Co-ordinator
Current Care Level
Cluster Status
Inpatient Status
School
Role
Alternative Legacy CHN RIO ID

Dummy ZZTEST (1024059)
Dale GREENWOOD
Diabetes, Learning Disability, may require reasonable adjustments. Do not contact Family, Inter aggression, Domestic abuse in household, Learning Attender, Lone worker, Epilepsy, Harassment / Stalk communication support needs, Child in Need, EHCP Accessible information and/or communication support Gender confidentiality issues (see alert text for detail) Accessible information and/or communication support 03 Aug 2022 11:10 - Risk Progress Note
Yes
(None recorded) (There may be more data in the Risk Test FAMILY TEST
3 Rush Court, Bedford, Bedfordshire MK40 3JT
Does not want letters sent to home address
Does not want to receive text messages
Carer's contact details: 0000000000
Interpreter required in Bengali & Dhaka 1254445557 (Home), 0745 486 6377 (Mobile), 0787 test@gmail.com
Not Assessed
Boo Test (Son, 49 week(s) old), Child Test Dummy (Davidson Davidson (Daughter, 6 years old), Test Chi (Unborn, 4 year(s), 5 month(s) old), Ztest Child (So UNKNOWN/Unknown or no GP Practice.)
BD CAMHS Perinatal Infant Psychotherapy, BD Rec CAMHS SPE, Dummy Team, Dummy Team 2, DUMI Born Blood Spot Screening, NH ABT, NH CAMHS EI CRT South, NH Early Intervention Service, NH SPE TH Autism Assessment, TH Bethnal Green Team 1, Responses
Nazeema (CH) Ramjaun
CPA
Cluster 7, WARNING: No start date recorded!
None
Alban Academy
Client and Carer: caring for No Clients
1136407

Select **Current Care Level**

All mandatory fields need to be complete and **Saved**

CPA/Standard Care Management Edit

CPA Episode Start Date/Time 23 October 2023 10:00

Care Co-ordinator/Lead HCP ABBAS, Zarina (CA) (CH)

Current Care Level CPA

Save **Clear** **Cancel**

Care Team

In RiO's
Case Record Menu

Case Record Menu

Click **Actions** (top right)

Demographics

Full Name (ClientID)
Preferred Name
Alerts
LATEST RISK INFORMATION
My safety is my advance directive
Access to child who has Protection Plan?
Client has a Child Protection Plan?
Next Of Kin

Mrs Joa
Unknown
None Re
No
(None re

Actions

Select **Referrals/Exit/Entry**
Care Team is drawn from the Referral data

Service	Care Setting	Team	HCP Referred To	Date & time referral received	Contact	To Discharge
Bedford MHCOP	Community Team	BD Mid Beds CMHT OP Sec 117 Reviews (31 Aug 2023)	BAJPAI, Prashant (BD) MITCHELL, Esther (BD)	30 May 2023, 13:25	Y	Transfer
Discharged Referrals						
Bedford Adult	Community Team	BL Street Triage Team	COOMBER, Colleen (BD)	2 May 2023, 16:00	Y	2 May 2023
Bedford Adult	Community Team	BD Crisis Team		27 May 2023, 02:00	Y	27 May 2023
Bedford Adult	Community Team	BD Crisis Team		16 Oct 2023, 13:53	Y	16 Oct 2023



East London
NHS Foundation Trust

For Ward Screen Support Contact

elft.analytics@nhs.net