

Advancing Patient Care in 2025: Findings From our Strategic Survey for Hospital Leaders

Omnicell recently surveyed senior clinical professionals at 23 NHS Trusts, Health Boards, and private hospitals to better understand their priorities for improving patient care over the coming 12 months.

Our research explores the key challenges facing these leaders, the opportunities they see ahead, and the programmes being implemented to drive meaningful change.

These findings come at a pivotal moment, following the recent call to action from Secretary of State for Health and Social Care, Wes Streeting, who has urged the NHS to eliminate unnecessary admin, improve efficiency, and deliver excellence to safeguard its future.

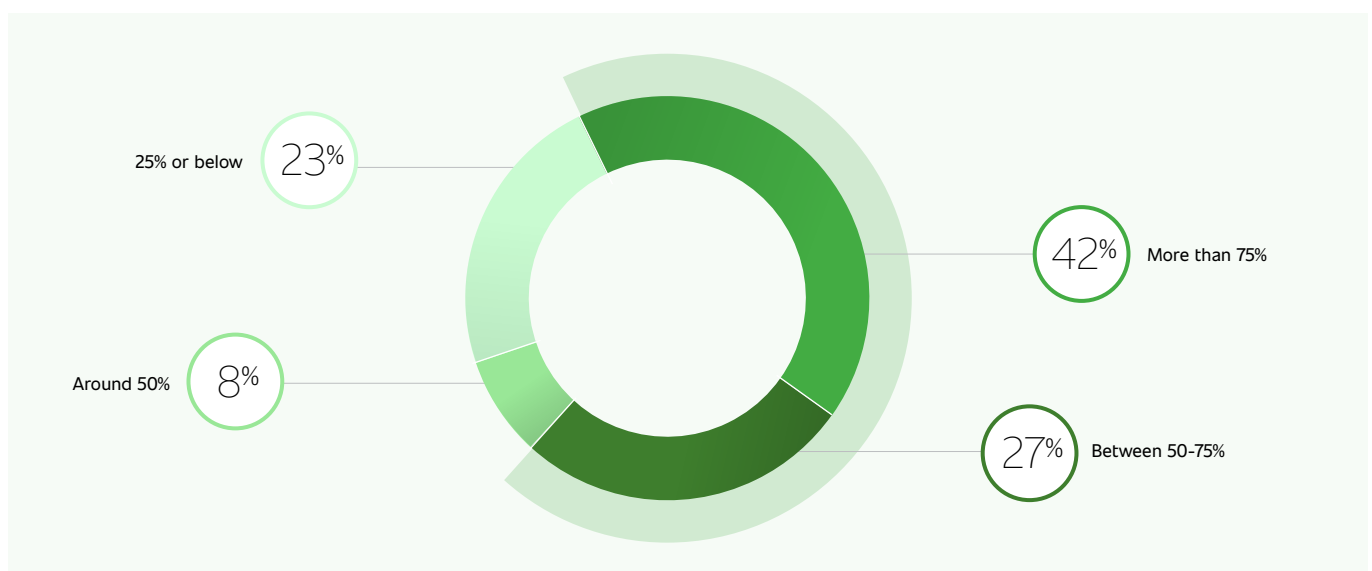
How much of your time is spent on non-clinical administration work that is not patient-facing?

A striking finding from the survey is that **over two-thirds of respondents said they spent between half to most of their time on non-clinical work** that is not patient-facing, raising important questions about how healthcare professionals' time is being used.

While it's understood that hospitals rely on robust administration to keep services running, such a high proportion of time spent away from direct patient care suggests a growing mismatch between role expectations and day-to-day reality.

This insight underscores a broader workforce challenge: when skilled clinical staff are burdened with repetitive admin, it contributes to inefficiencies, dissatisfaction, and ultimately retention issues.

Streamlining administrative workloads — whether through smarter systems, leaner processes, or role redesign — could be a critical enabler in freeing up capacity for patient-facing care and improving job satisfaction.



Which of the following typical medicine related Datixes (risk management system) events would you say have occurred the most in the past 12 months in the Trust?

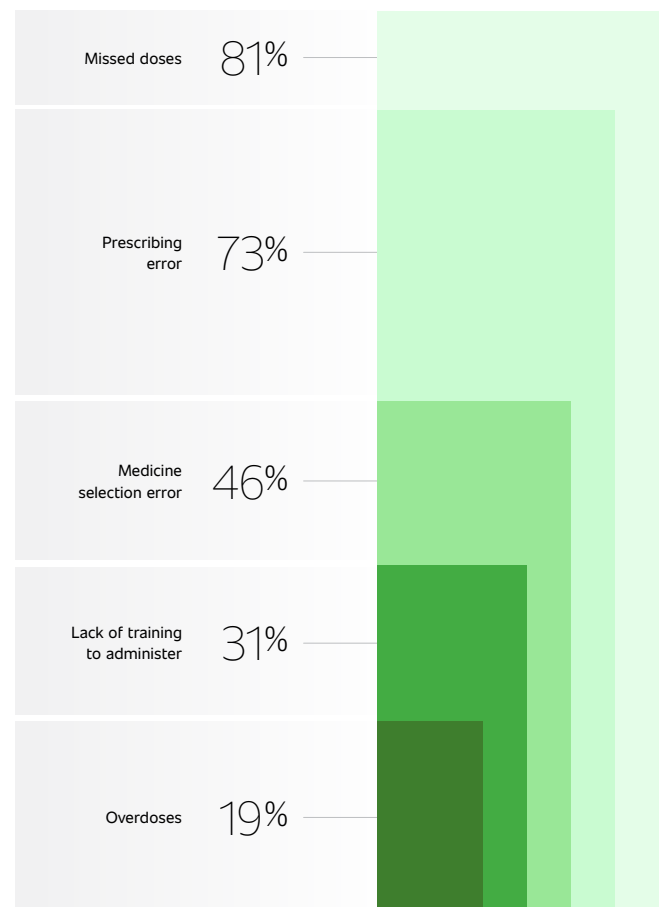
When asked which medicine-related incidents had occurred most frequently over the past year, **81% of Trusts reported missed doses, 73% cited prescribing errors, and 46% experienced medicine selection errors.**

These are among the most serious and commonly reported risks in hospital medication pathways, and they remain a persistent challenge across the system.

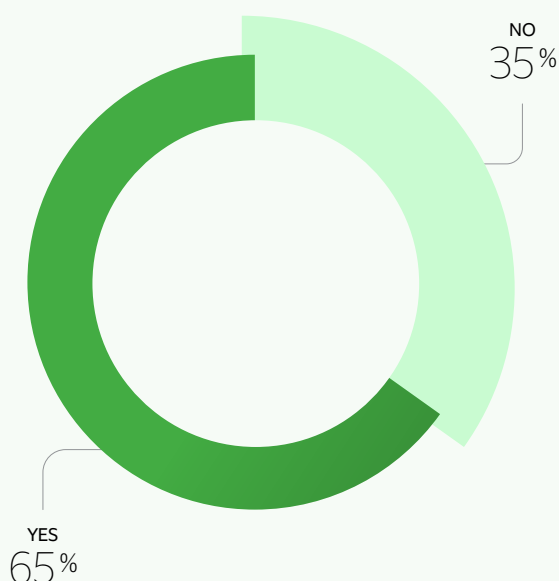
This data adds weight to national concerns around medication safety. NHS England has previously estimated that over 237 million medication errors occur each year, prompting a range of responses — from organisational policies to global initiatives like the WHO's Medication Safety Challenge, which aims to halve severe, avoidable medication harm over five years.

The survey findings reflect the scale of the challenge. They highlight that, despite ongoing attention and effort, many Trusts continue to experience errors at key points in the medicines process — particularly in prescribing and administration.

These risks not only impact patient outcomes but also have operational consequences, contributing to extended hospital stays and increased system pressure.



Does your Trust have you have a Scan For Safety strategy, or is planning to launch within the next 12 months?



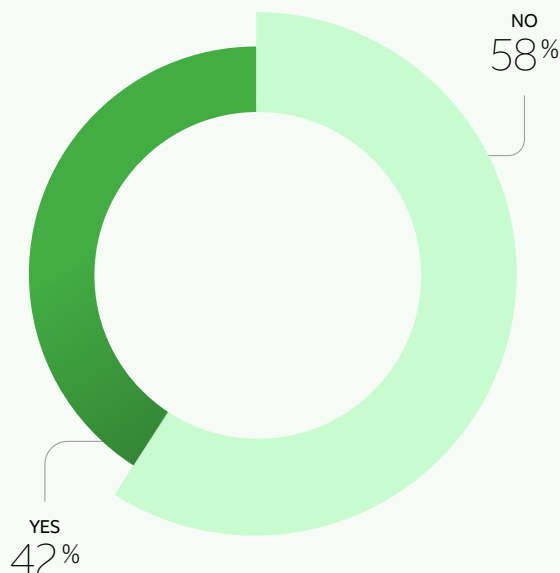
While the **Scan for Safety** programme was introduced in 2016 as a national initiative to improve traceability and patient safety, the survey reveals that **35% of Trusts either do not have a Scan for Safety strategy or are not planning to launch one in the next 12 months.**

This is a notable finding, particularly given the programme's role in supporting the use of GS1 standards for identifying medical devices, implants, and medicines. The initiative was designed to enable real-time data capture, improve traceability, and support faster interventions in cases of product alerts or patient safety concerns.

That nearly a decade on, adoption is still incomplete, may reflect a broader challenge in implementing system-wide digital infrastructure — particularly in the face of local capacity and resource pressures.

The variation in uptake suggests there may be barriers beyond awareness, such as integration complexity or competing operational priorities. Understanding these barriers will be key if national efforts are to deliver consistent progress in digital safety standards.

Does your Trust have a Closed Loop Medicines Administration (CLMA) strategy, or is planning to launch within the next 12 months?



The survey reveals that just **42% of Trusts** have implemented or are planning to implement a Closed Loop Medicines Administration (CLMA) strategy, while **58% are not pursuing** such a strategy in the near term. This indicates that while awareness of CLMA is growing, widespread adoption is still limited.

CLMA aims to create a fully digital medication pathway — linking prescribing, pharmacy, and administration steps to reduce errors and improve traceability.

In theory, this approach can help mitigate some of the most common medication-related risks, such as missed doses or incorrect drug administration, while also supporting workflow efficiency.

The relatively low adoption rate may reflect broader challenges across the system — including fragmented infrastructure, competing transformation priorities, or the complexity of integrating multiple digital systems.

As medication safety remains a key focus for NHS patient safety initiatives, understanding how to overcome these adoption hurdles could be critical for scaling the benefits of closed-loop practices across the wider healthcare landscape.

What are the top 3 issues that most affect your patient care provision?

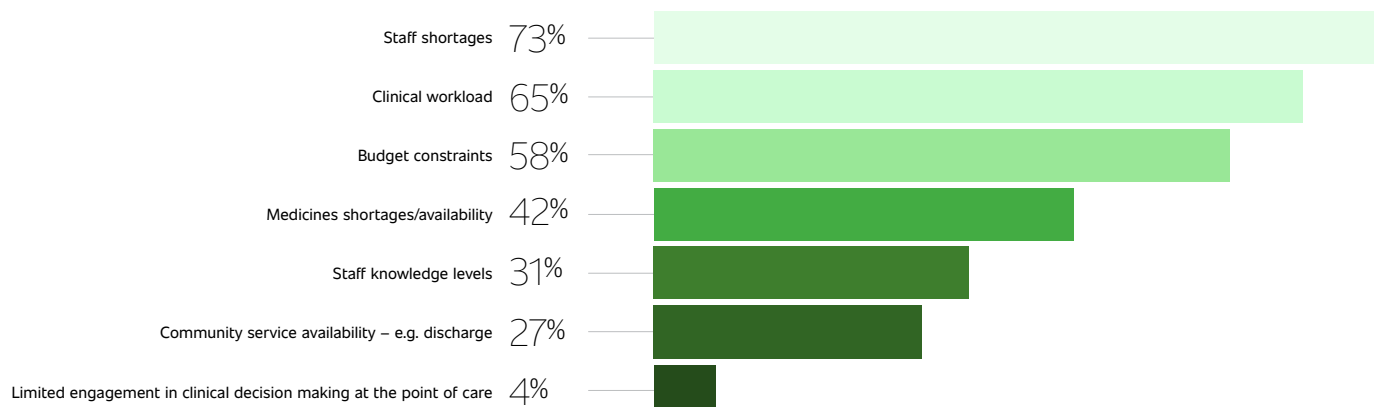
When asked to identify the top issues impacting their ability to deliver patient care, respondents most frequently cited **staff shortages (73%)**, **clinical workload (65%)**, and **medicines shortages (42%)**.

These findings echo wider concerns that have dominated headlines in recent years — particularly around workforce pressures and the growing demand on frontline teams.

The responses suggest a system under continued strain, where workforce gaps and escalating clinical demands are compounding one another. This aligns with broader NHS workforce data showing rising levels of long-term sickness, stress-related absence, and difficulty retaining experienced staff. These systemic pressures inevitably affect both the quality and continuity of care.

Interestingly, budget constraints were also highlighted by 58% of respondents, indicating that financial limitations remain a significant barrier to improving care delivery. Together, these challenges form a complex picture — one where frontline teams are navigating operational, financial, and supply-related pressures simultaneously.

While the solutions will vary by setting, the data underscores a clear need for strategies that reduce manual workload and administrative burden to help free up staff capacity where it's needed most.



Which are the top 3 priorities for patient care provision improvement?

When asked to identify their top priorities for improving patient care, Trusts reported a diverse set of focus areas.

Data and analytics to support better clinical decision-making topped the list (65%), followed closely by nurse education in medicines management (62%).

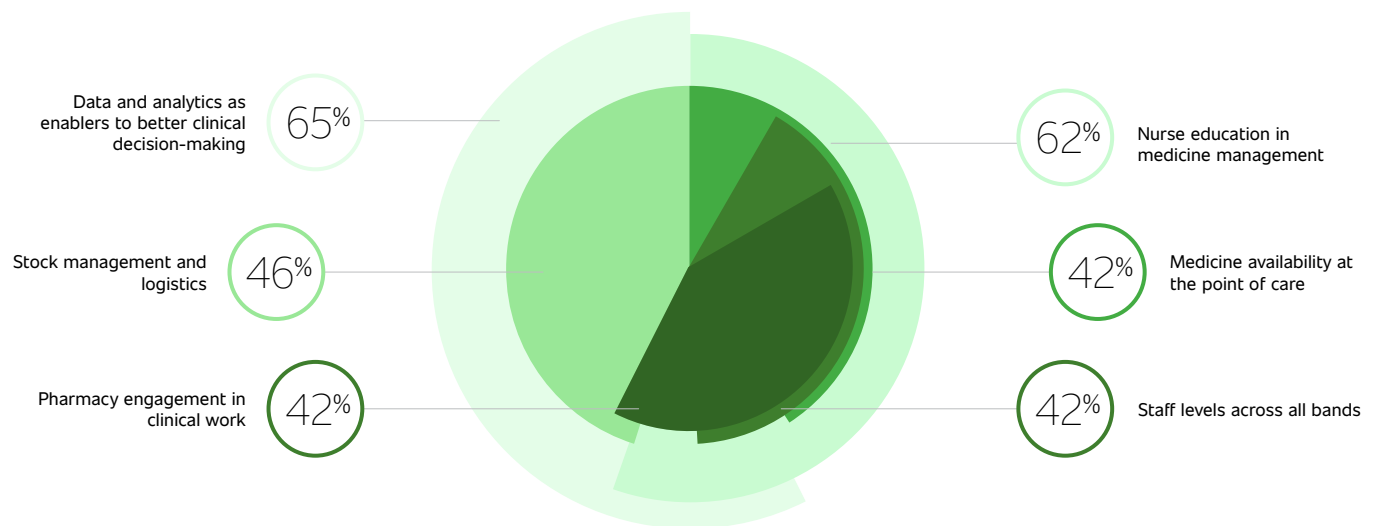
Stock management and logistics and staffing levels across all bands were also frequently cited, each by 42% of respondents.

The prominence of data and analytics reflects a growing appetite for real-time insights to support more informed and responsive care.

In parallel, the emphasis on nurse education highlights a recognition that frontline knowledge and capability are essential to delivering safe and effective medication management.

Meanwhile, the equal weighting of stock management and staffing points to operational pressures that continue to influence the day-to-day delivery of care.

Together, these priorities suggest that Trusts are seeking a balance between equipping staff with the tools and training they need, and ensuring the underlying infrastructure — both human and logistical — can support safe and efficient care delivery.



Does your Trust practice One-Stop Dispensing in any areas today?

The survey found that **65% of Trusts currently practice one-stop dispensing** — a model where medicines intended for discharge are supplied to inpatients during their stay, reducing the need for a separate discharge prescription and helping to streamline the discharge process.

This approach has been widely promoted within hospitals as a way to **improve patient flow, reduce delays at discharge, and lessen pressure on pharmacy and ward teams.**

While no national targets currently exist for adoption, many Trusts set internal goals to expand its use, often aiming for uptake levels between 70% and 90%.

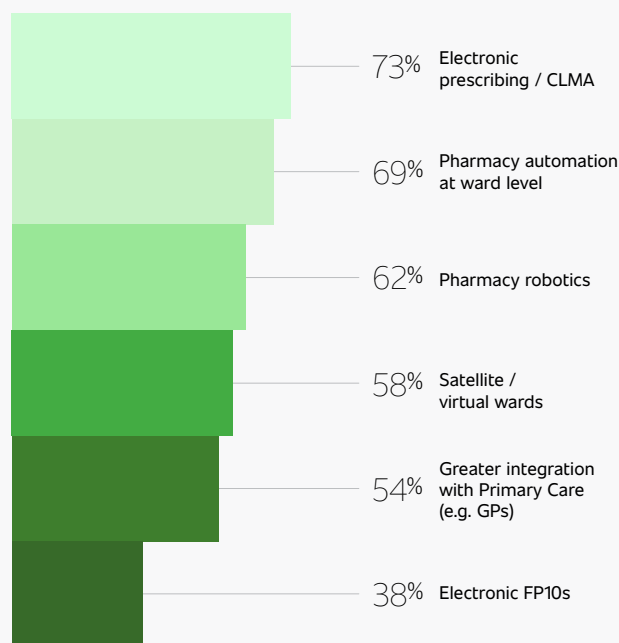
That 35% of respondents are not currently offering one-stop dispensing suggests there is still significant room for growth.

Whether due to operational constraints, workflow redesign requirements, or staffing pressures, it's clear that implementing this model more broadly could support wider efforts to free up beds and reduce discharge delays — particularly in high-pressure acute care settings.



From the list below which of the following are part of your strategy for your patient service provision in the next three years?

When asked about their strategic plans for patient service provision over the next three years, respondents highlighted a broad mix of initiatives aimed at improving care quality, efficiency, and system integration.



Electronic prescribing or CLMA topped the list (73%), followed by ward-level automation (69%), pharmacy robotics (62%), satellite or virtual wards (58%), and greater integration with primary care (54%).

This diverse spread reflects how Trusts are navigating multiple challenges — from workforce constraints to bed availability — while also looking to future models of care that extend beyond traditional hospital settings.

The strong focus on digital transformation, including e-prescribing and automation at the point of care, suggests growing commitment to improving medication safety, reducing manual workload, and creating more consistent, traceable processes.

Meanwhile, the investment in virtual ward models aligns with national efforts to treat more patients in the community, easing pressure on hospital capacity and supporting faster recovery in familiar environments.

Taken together, these plans indicate that Trusts are approaching transformation as a multi-dimensional effort — combining digital tools, new care models, and stronger cross-sector integration to reshape patient service delivery over the coming years.

What is your top priority for improving patient care in the next 12 months, and what steps will you take to achieve it?

When asked to describe their top priority for improving patient care over the next year, respondents highlighted a range of strategic and operational goals. Despite the diversity of responses, several clear themes emerged:

- **Medication safety and reducing missed or omitted doses** featured prominently, with multiple Trusts referencing the use of **ePMA data**, **reporting tools**, and **quality improvement projects** to target and address these issues.
- **Digital transformation** remains a major focus, with planned rollouts of **electronic prescribing**, **EPR systems** (including EPIC), **electronic FP10s**, and the **linking of robotics to digital prescribing platforms**. Many also mentioned broader adoption of **ward-based automation** and systems integration.
- **Workforce capacity and optimisation** was another common theme, including goals around **recruitment**, **retention**, **expanding pharmacy staffing**, and **ensuring alignment between team objectives and organisational priorities**.
- **Communication and training** were also cited, with some aiming to improve team coordination and patient interactions through **communication skills training**, **end-user training for systems**, and **better multidisciplinary collaboration**.
- A smaller number focused on **operational efficiency**, including reducing discharge delays via **stock availability improvements** and the expansion of **virtual wards** to support patient flow and recovery outside hospital settings.

Collectively, the responses reflect a balanced focus on **patient safety**, **digital enablement**, and **clinical workforce development** — with most Trusts pursuing practical, incremental changes that align with longer-term system-wide transformation goals.

At Omnicell, we're committed to supporting NHS Trusts as they navigate the evolving challenges of patient care. From medication safety to digital transformation and workforce efficiency, we work in partnership with hospitals to help deliver safe, effective, and sustainable services.

If any of the themes in this report resonate with your priorities, we'd be happy to continue the conversation — simply reach out to your local Omnicell contact or email us at Sales-AA@omnicell.com

