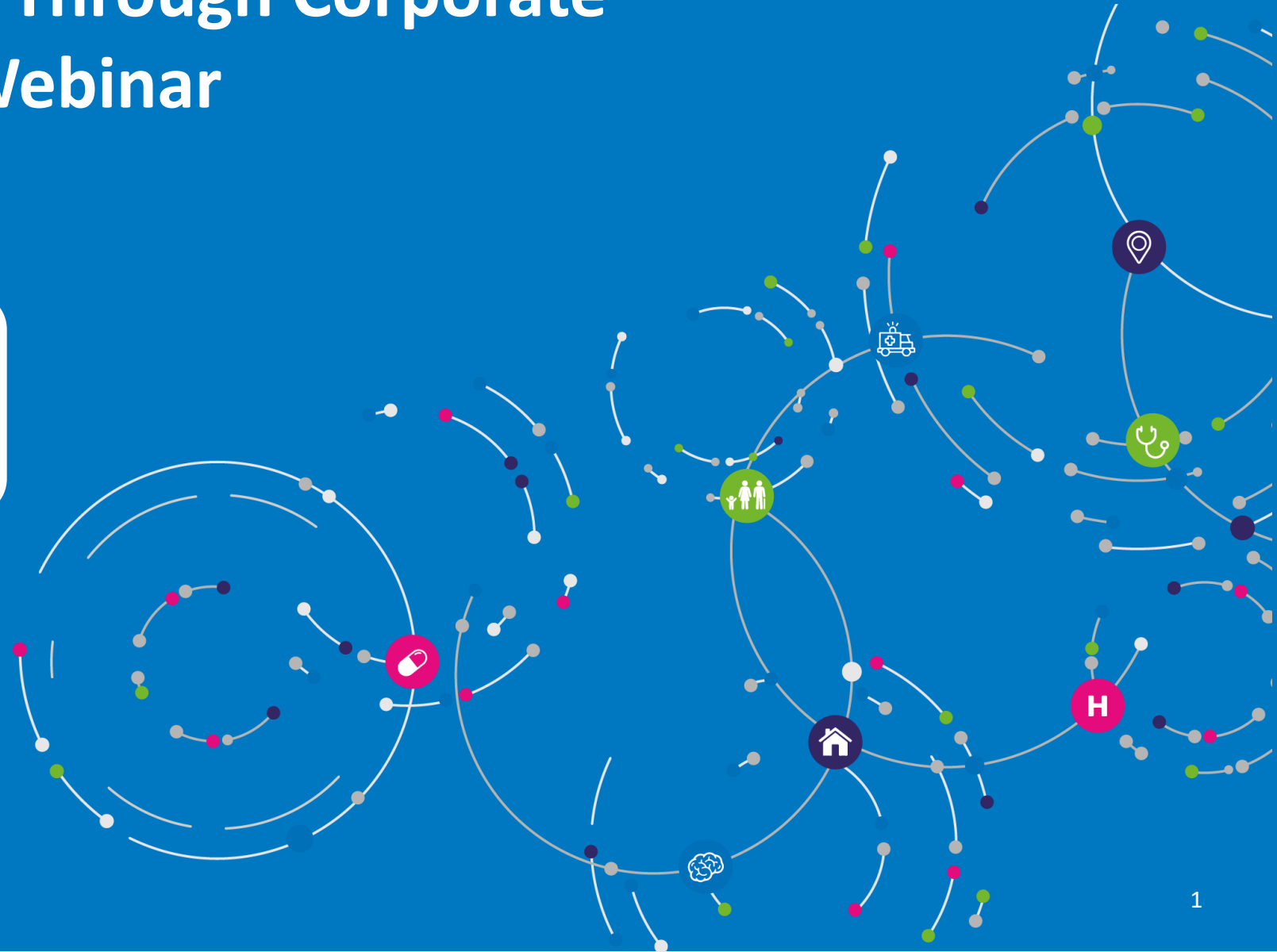


Delivering Efficiencies Through Corporate and Shared Services Webinar

In collaboration with:



Thursday 23rd January 2025



Agenda

Duration	Item Description	Lead
10:00 - 10:10	Introductions & Scene Setting	Jason Bloomfield
10:10 - 10:35	The Art of the Possible / Evolution of GBS & Centre Office	Sophie Weatherley / Charles Stubbs / Dan Donaghy
10:35 – 11:00	Driving efficiencies through RPA	Rob Child
11:00 – 11:10	Break	
11:10 - 11:25	Gen-AI in action	Craig Kilgour
11:25 - 11:40	Arden & GEMs Corporate Services Maturity Matrix <ul style="list-style-type: none"> • What is it and how will it provide support/guidance to an organisation 	Andy Gant
11:40 - 11:45	Networking and Resources Opportunity	Terry Huff
11:45 - 11:55	Feedback on session	All
11:55 - 12:00	Next steps & Close	Jason Bloomfield



Introductions & Scene Setting

Jason Bloomfield



Introductions



Jason Bloomfield
AGEM CSU Chief Operating Officer

Jason is a highly driven, innovative and strategically focussed finance and operations professional, with a wealth of experience in both financial management and change programmes, across a range of large-scale private and public sector organisations, and within the last 5 years responsibility for delivery of a wide range of corporate service functions. Jason is a CIMA qualified accountant and relishes the challenge of helping businesses grow. He is an active member of One NHS Finance, chairing the Software Skills for Finance group and sits on the National Innovation Forum group.



Sophie Weatherley
Director, Deloitte Global Business Services, Health sub sector lead

Sophie is a Director in Deloitte's Global Business Services (GBS) team, leading the Health sub-sector. Sophie is a passionate advocate for the potential for Global Business Services/Shared Services to drive efficiency and brings over 15 years of experience delivering large scale transformation, typically focused on Corporate Services, across the public and private sectors. Sophie uses her 8+ years' experience of Finance functional leadership in industry to ensure change lands well and is successfully embedded. Sophie holds both CIMA and CIPFA finance qualifications, as well as being a Chartered Management Consultant.



Charles Stubbs
Manager, Deloitte Global Business Services, Health sub sector

Charles specialises in designing operating models for public sector clients. He is a firm believer in the power of scaled shared services models to unlock productivity gains, efficiency, and cost savings for these organisations. His career began as a Science teacher with TeachFirst, before transitioning to consulting to drive large-scale public sector transformation.



Dan Donaghy
Director, Deloitte Healthcare, Health Shared Services lead

Dan is a Director in Deloitte's Public Sector Health team, leading the Health Shared Services market offering. Dan is an expert in healthcare operating model design working at both a national and local level to help NHS organisations reimagine and reconfigure their operational footprints – including CSUs. He brings 20 years of experience delivering large scale transformation, across the public sector both as a consultant and working within the UK health sector. Dan is a Global Management Account (CIMA).

Introductions



Rob Child

**Programme Manager (Outpatients CSU)
Leeds Teaching Hospitals NHS Trust**

“Robotic Process Automation is one of the key activities at Leeds Teaching Hospitals NHS Trust to help drive efficiencies and reduce burden on operational teams, both clinical and non-clinical. Currently we have 97 automations within the organisation, which have delivered the equivalent of 60 years' worth of time or £1.3m. Our current focus is around coding Outpatient appointments with Procedure to ensure that we are maximising the income the Trust gets from our commissioners. We are forecasting that the automations will deliver over £10m worth of income.”



Craig Kilgour

RPA Lead, AGEM CSU IT

With over 10 years of experience in the NHS, Craig is committed to driving meaningful change across the wider NHS.

His team specialises in delivering Robotic Process Automation (RPA) and AI solutions to solve complex challenges creatively and efficiently.

Passionate about innovation, he strives to help the NHS adopt cutting-edge technology to enhance operations and improve outcomes.



Andy Gant

Senior Finance Lead, AGEM CSU

Andy is a member of Arden & GEMs consulting arm, Health Care Transformation. As well as being an accountant within the NHS for 20 years, Andy also has experience of working within a business process outsourcing organisation operating within the local government space and supported their paperless office and SAP solution implementation.

Andy is keen to see the delivery of NHS corporate services being undertaken in the most efficient and effective way in order to ensure as much as of the NHS budget remains with delivering frontline services.



Terry Huff

AGEM CSU Productivity Lead

Terry's career spans almost 40 years, mostly at board level, working in health and also local government where he began his career and qualified as a chartered accountant.

As a CFO in the NHS, he managed budgets of £2 billion; and as a CEO had the opportunity to lead regional programmes covering populations of almost 9 million.

He has now retired from full time work and is currently the Productivity Lead for Arden & GEM which includes overseeing several AI and Robotic Process Automation projects.

The Art of the Possible / Evolution of GBS & Centre Office

Sophie Weatherley / Charles Stubbs /
Dan Donaghy





Shared Services – the art of the possible

January 2025

Public Sector Trends in Shared Services

EDITOR'S CHOICE

Can the UK's shared services mastermind really modernize Whitehall IT?

ERP TODAY

WHAT ARE THE FIVE CLUSTERS?

- Defence**
£1.250bn spend
Share with MoD central
for Access private cloud
• Oracle for cloud
collaboration
services in 20
- Overseas**
£1.000bn spend
globally
file share
with Oracle
- Synergy**
led by CDP
with Microsoft
SaaS, already a
shared use, former
Office 365
- Unity**
led by HMRC
SaaS, Oracle, TNS
Inc., Department for
Learning, Teaching
& Communities
- Matrix**
£1.400bn spend
• Operational from 2018
• 2023 and its current spend
• 10,000 users
• Includes such as The UK
Space Agency, Environment &
Human Rights Commission &
Home Office Services

In 2018, the Government published a new shared services strategy, later updated in 2021, announcing it would save "millions by 2028". A recent Cabinet Office statement actually raised the stakes, claiming the latest iteration of shared services will actually save taxpayers £1.8bn.

England | Local News | Birmingham & Black Country

BBC NEWS

'Bankrupt' Birmingham council's IT system cannot show accounts

NHS Confederation

NHS leaders facing "drastic measures" to make ends meet as NHS responds to tightest financial settlement in years

IFS Institute for Fiscal Studies

Comment

Paul Johnson - Times column

The £22bn 'black hole' was obvious to anyone who dared to look

Paul Johnson | Published 09 August 2024

thebmj covid-19 Research Education News & Views Campaigns Jobs

Opinion

The government must tackle urgent NHS pressures while developing its 10 year plan

BMJ 2024 ; 387 doi: <https://doi.org/10.1136/bmj.q2304> (Published 21 October 2024)

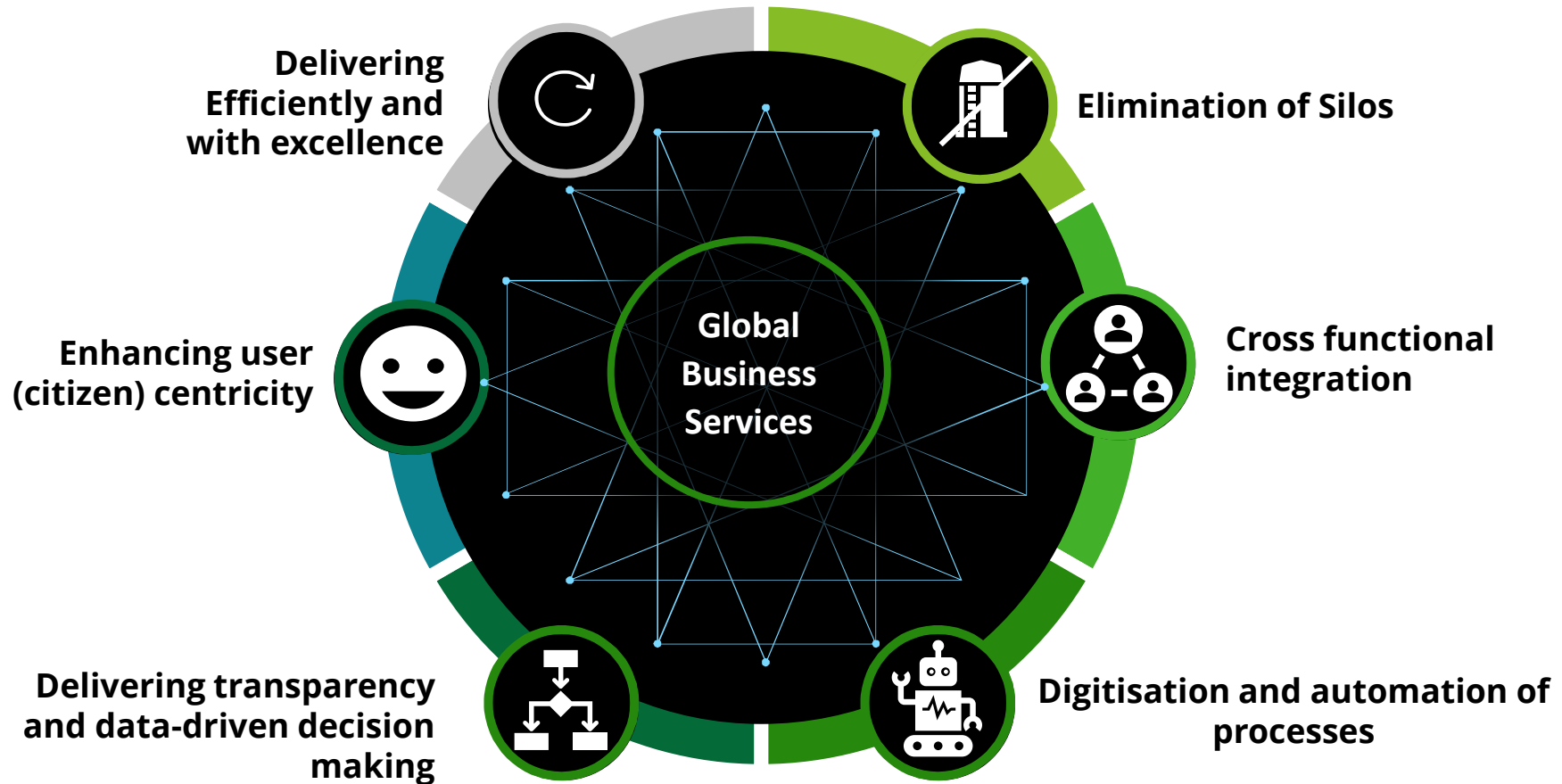
The Standard

BUSINESS | BUSINESS NEWS

AI projects to boost infrastructure given Government funding

Ninety-eight projects aiming to use AI to cut train delays and speed up prescriptions have been awarded a share of £32 million.

Enabling productivity is paramount to meet today's challenges

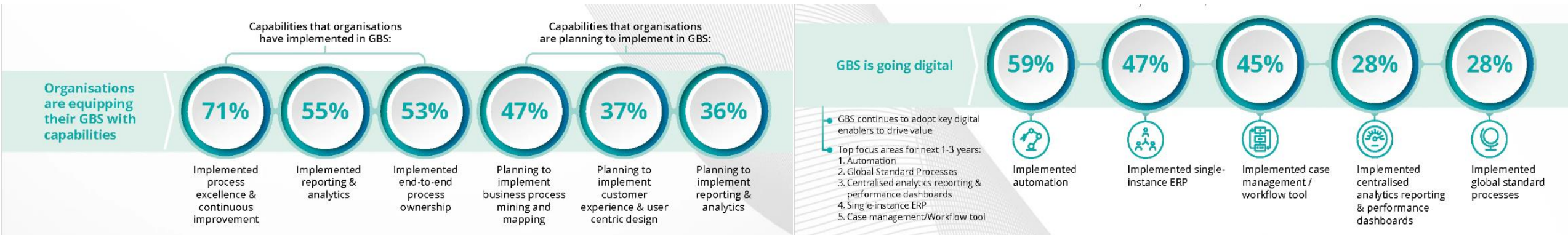


With its deep understanding of the organisation's functions, processes, data and underlying pain points what other organisation than Shared Services is better to enable efficiency and productivity?

Key takeaways from our Shared Services & Outsourcing Survey 2024

Market insight demonstrates examples of key enablers which can be harnessed by adopting a GBS model.

- **Consolidation and centralisation:** Approximately **60%** of Finance, **49%** of HR, **80%** of Payroll, and **52%** of procurement FTEs are located in a Shared Services/GBS model.
- **Reporting & Analytics:** **88%** & **72%** of GBS organisations have implemented or are planning to implement reporting & analytics capabilities respectively.
- **Customer Experience:** **54%** of GBS organisations are investing in customer experience where a myriad of tools are used to measure and align customer experience with organisational goals.
- **Talent:** Development of strong culture, well-being, and flexible work practices are the top priorities in talent strategies, with financial incentives being table stakes.



Trends in Global Business Services

GBS organisations are constantly evolving and have developed into experience-focused hubs that deliver key business activities and drive sustainable growth for organisations

FOCUS OF TODAY'S
WEBINAR

1



FROM SILOED PROCESSES TO **END-TO-END SERVICES**

2



FROM SIDE OF DESK TO **CAPABILITIES-AS-A-SERVICE**

3



FROM UNINTUITIVE INTERFACES TO CREATING **EXCEPTIONAL CUSTOMER EXPERIENCES**

4



FROM SILOED TECHNOLOGY LANDSCAPES TO AN INTEGRATED DIGITAL INCUBATOR

5



FROM SHARED SERVICES BRAND TO **EVOLVING AND EMBEDDING A GBS BRAND**

6



FROM LOCAL TEAMS TO A **CONNECTED WORKFORCE**

Interactive session - Menti

Join at menti.com | use code 2649 9099

Q1. What comes to mind when you think about shared services in the NHS today?

Instructions to join

Go to

www.menti.com

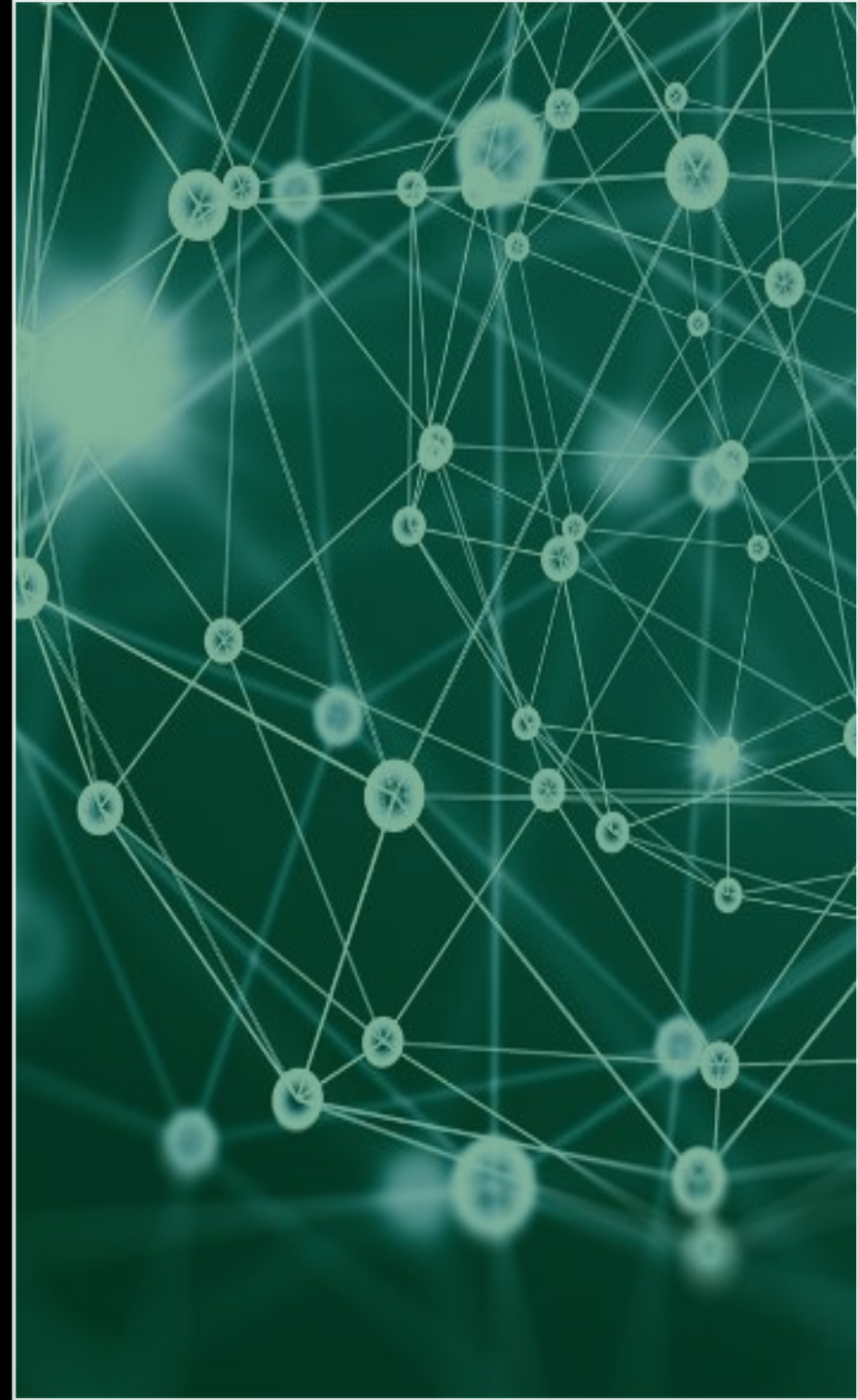
Enter the code

2649 9099



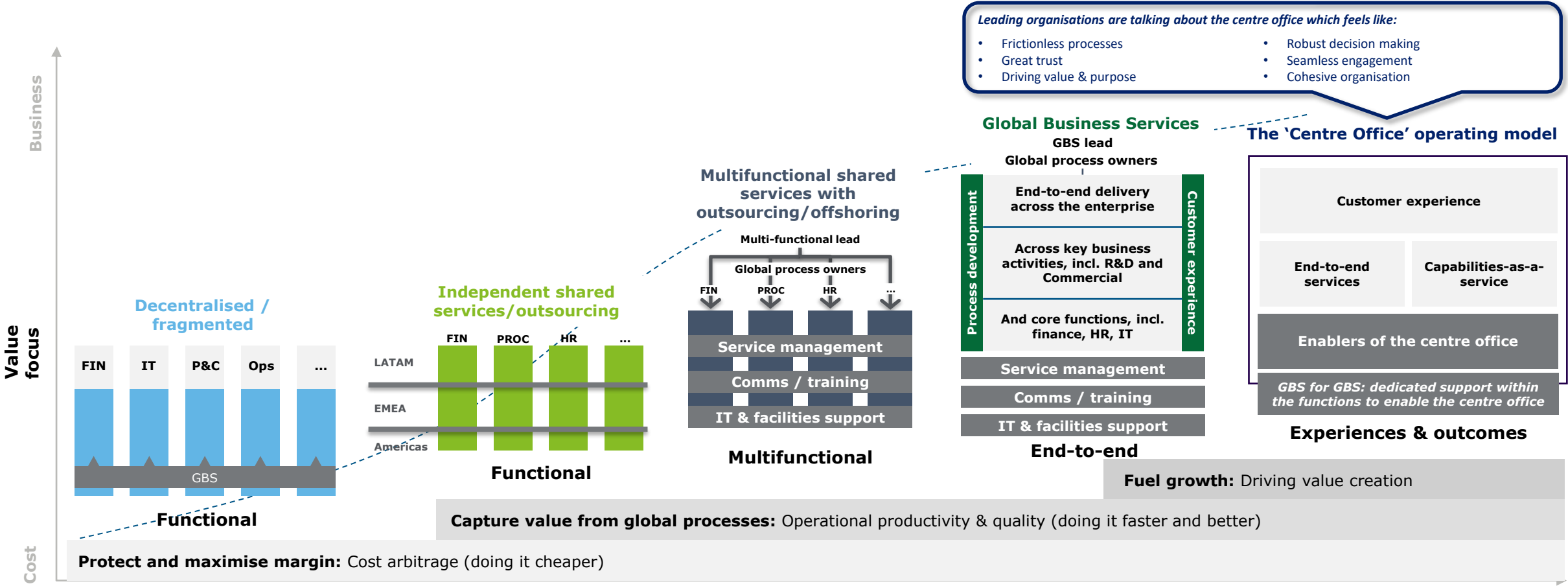
Or use the QR code

Evolution of GBS & Centre Office



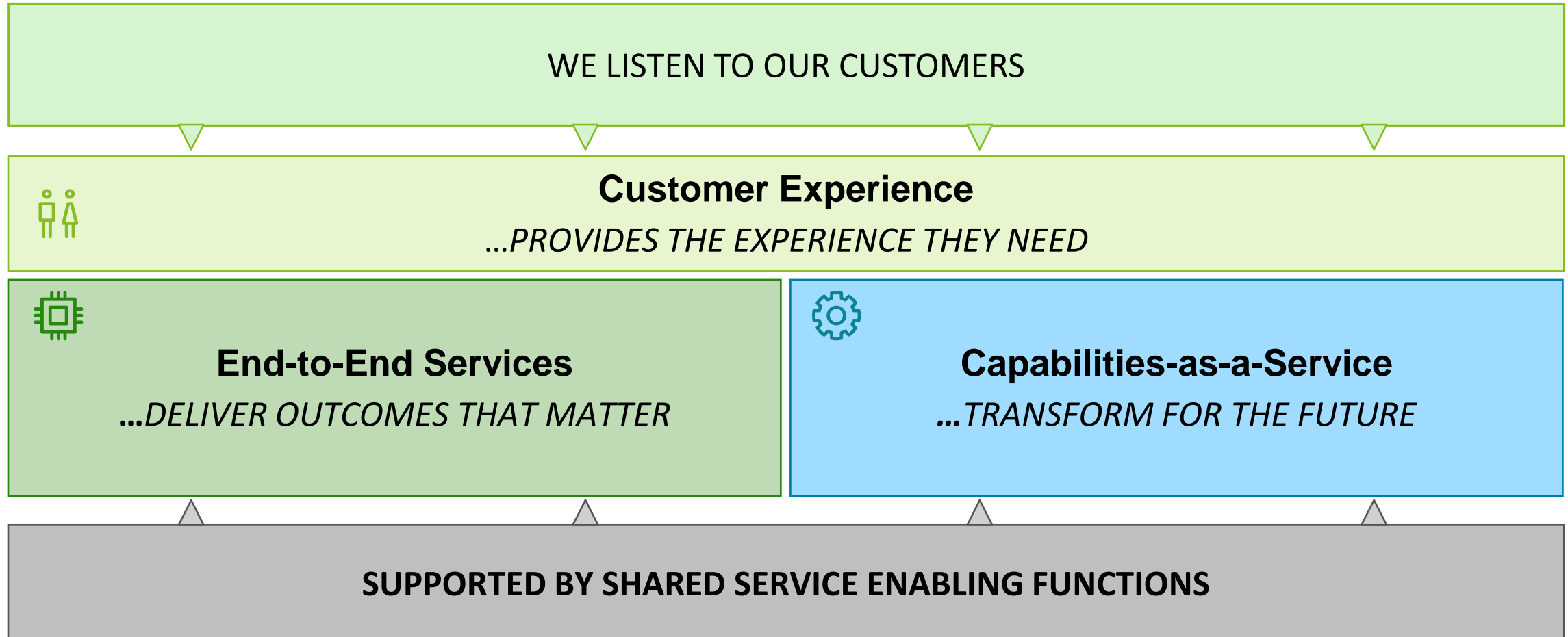
The Centre Office model is the result of 30+ years evolution of the shared services

Organisations have shifted towards focusing on customer experiences and outcomes, the Centre office model repositions shared services as an engine room for delivering enterprise value



Introducing the Centre Office Operating Model

Adopting a centre office mindset enables the service delivery organisation to become the central nervous system of the enterprise and create a leapfrogging effect for NHS and other Public Sector organisations

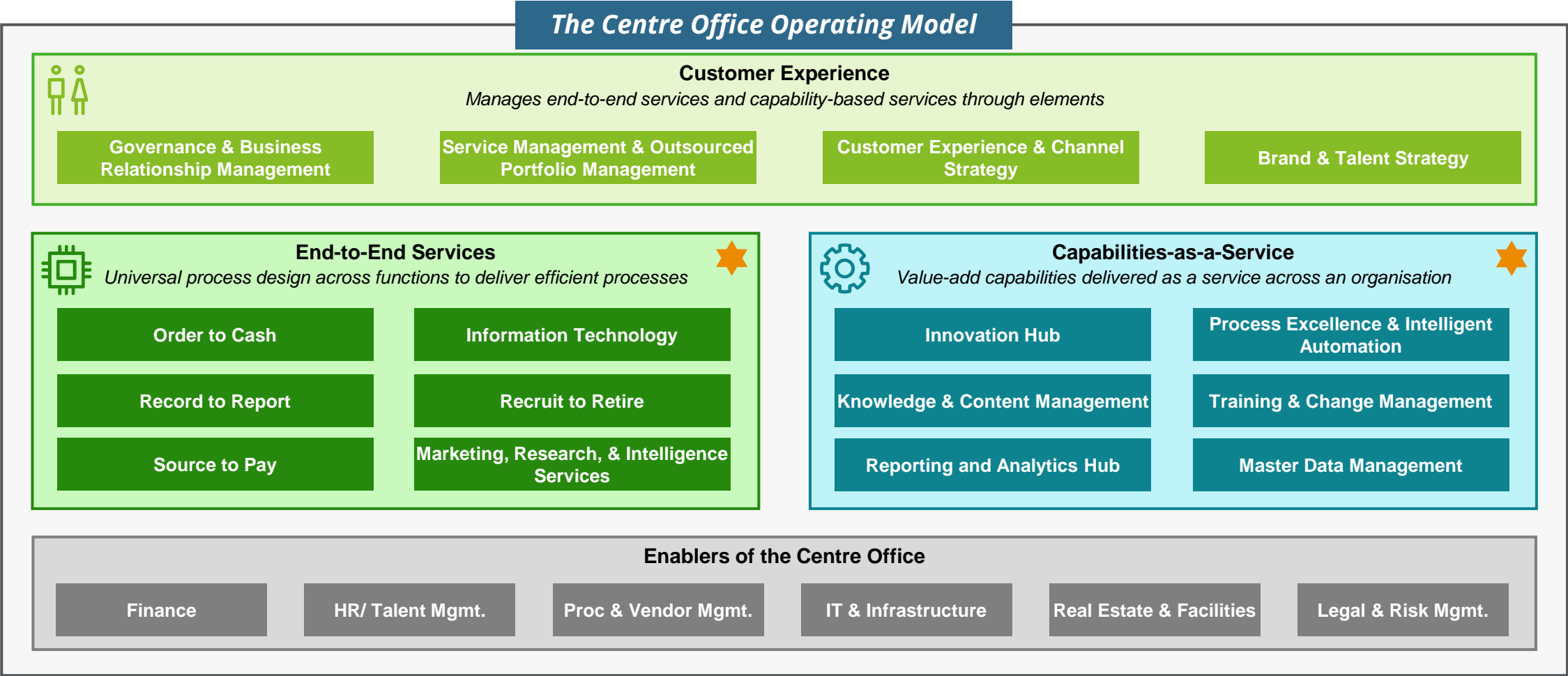


Centre Office Operating model

The Centre Office operating model demonstrates that the value of shared services extends beyond the traditional scope associated with outsourcing models, with focuses on customer experience, end-to-end services and capabilities-as-a-service



Focus of today's session



Industry Trend #1: From siloed processes to end-to-end services

An end-to-end service seeks to break down silos between traditional functions by housing relevant sub-process areas in one Shared Service Organisation. The end-to-end process is overseen by a Global Process Owner (GPO) who holds the responsibility for defining the blueprint and vision, as well as transforming the process to align with strategic objectives and requirements of the organisation

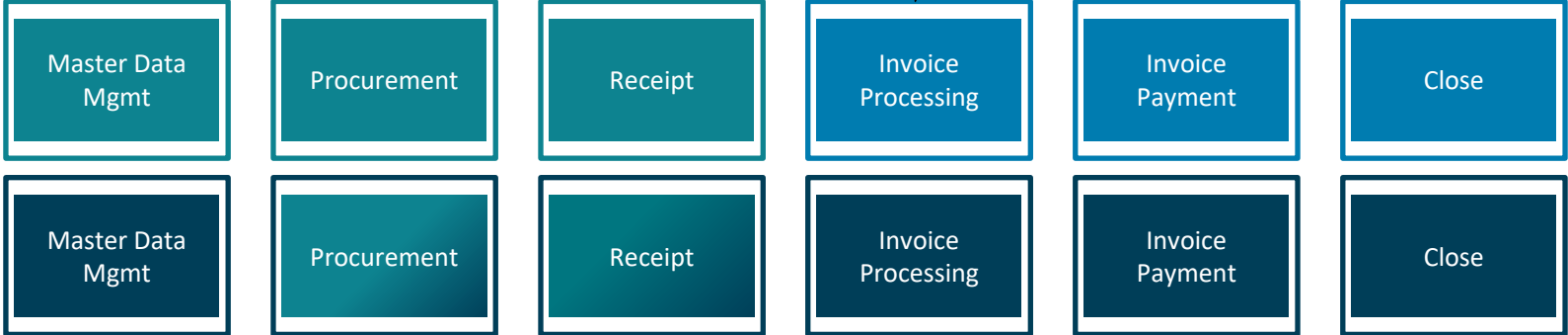
Typical process challenges

- Process handoffs leading to inefficiency
- 'Shadow organisations' created leading to duplication of work
- Lack of e-2-e ownership and accountability
- Lack of adherence to a 'No PO/No Pay' policy
- Lack of adherence to documented processes
- Manual processes completed outside of system



Traditional process

Reimagined GBS process



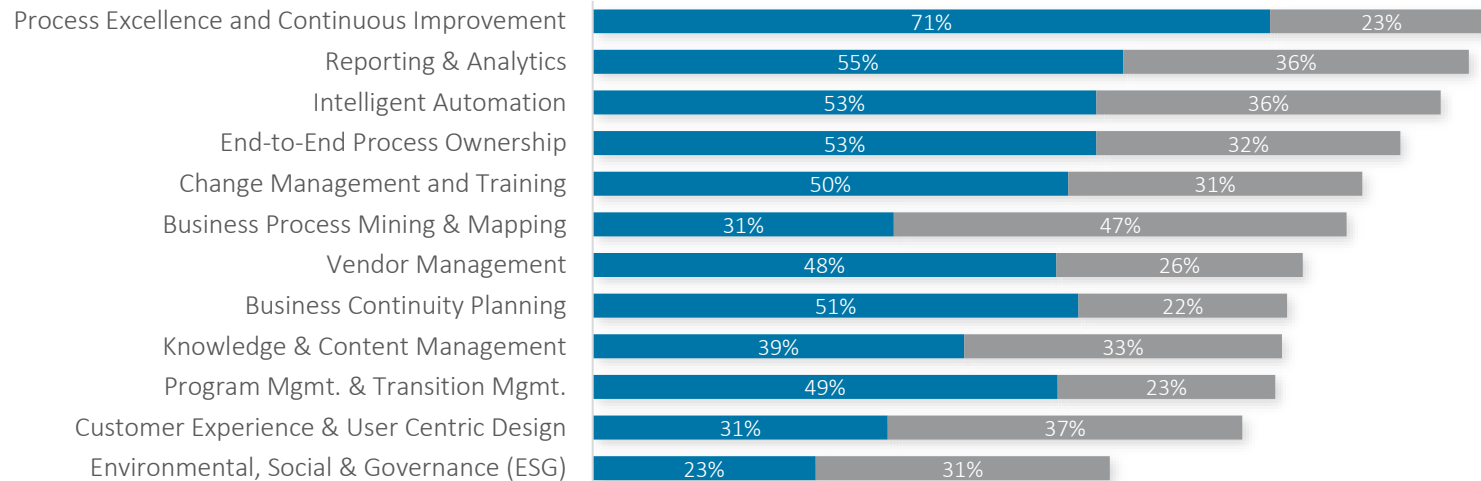
Reimagined Procure to Pay service, owned and managed by a **Global Process Owner (GPO)**, responsible for driving efficiencies across the e-2-e process

Centralising subprocesses within a GPO-managed SSC streamlines operations, maximizes value, and enhances customer experience. This end-to-end approach, implemented at a Group or ICS level within the NHS, would empower frontline workers and free up finance teams for strategic initiatives, driving significant transformation and user satisfaction

Industry Trend #2: Capabilities as a Service

Through establishing cross-functional capabilities, Global Business Services organisations can leverage and scale solutions and accelerate enterprise-wide transformation

Capabilities as a Service



- Intelligent Automation, Reporting & Analytics, Process Excellence, End-to-End Process Ownership, Change Management, and Business Continuity Planning are now part of **at least 50%** of GBS organisations
- Process Excellence & Continuous Improvement** climbed to the **top spot** of focus areas for GBS organisations in 2023, partly attributed to organisations' focus on developing **RPA, automation and reporting** capabilities since 2021

Deloitte Shared Services Outsourcing Survey 2023



Imagine AI or Automation as a service across an ICS: AI-powered chatbots instantly provide HR policy guidance to frontline staff, saving HR time while ensuring compliance. Simultaneously, AI could strengthen Finance by detecting fraud, enhancing regulatory analysis, and proactively identifying financial opportunities for investment.

Interactive session - Menti

Join at menti.com | use code 2649 9099

Q2. What are the greatest challenges / barriers you see in adopting scaled shared service models in the NHS?

Instructions to join

Go to

www.menti.com

Enter the code

2649 9099



Or use the QR code

What *could* this mean for NHS organisations?



Performance

Experience, productivity and speed

- One place to go for service
- Harmonisation of channels and consistent communication
- Increase engagement with self-service
- Personalised, action oriented
- Release from transactional activity

~40%

Increased customer satisfaction

Employer of Choice
Provider of Choice



Efficiency

Cost / Total Cost of Ownership

- App, technology rationalisation reducing total cost and driving economies of scale
- Streamline and automate workflows
- Dynamic workforce management
- Maximising the usage of AI/ML/NLP

~40%

Cost savings across major back-office functions

Scalable Services on Demand



Quality

Service and process

- Full transparency, one source of truth
- Improve alignment with business strategy and growth agenda
- Service Level Agreements (SLAs) for monitoring process efficiency
- Mitigate financial and operation risk of non-compliance
- Automate audits and control workflows

55%

Time reduction in onboarding employees

Continuous Improvement, owner of transformation and Value Creation

Interactive session - Menti

Join at menti.com | use code 2649 9099

Q3. What most excites you about the potential of scaled shared services in the NHS?

Instructions to join

Go to

www.menti.com

Enter the code

2649 9099



Or use the QR code

**It is not tomorrow it is
now...**



Driving efficiencies through RPA


Rob Child



RPA @ Leeds Teaching Hospitals NHS Trust January 2025

Delivering Efficiencies Through Corporate and Shared Services

Rob Child – Programme Manager



Subjective Thought



Verbal Communication



Creativity and Innovation




Emotion and Compassion




Unstructured Information



Human Worker



Structured & Logical Work




Repetition



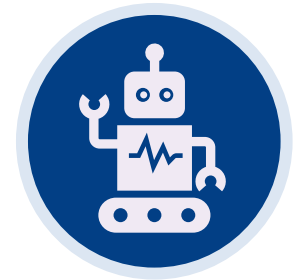
24/7 Operation



Easily Auditable



Accuracy and Consistency



Digital Worker

What is Robotic Process Automation?

Microsoft Teams

Meeting with CASE, Lesley (LEEDS TEACHING HOSPITALS NHS TRUST)

2023-05-02 16:00 UTC

Recorded by	Organized by
CASE, Lesley (LEEDS TEACHING HOSPITALS NHS TRUST)	CASE, Lesley (LEEDS TEACHING HOSPITALS NHS TRUST)

Microsoft Teams

Record ICE

2023-02-03 07:58 UTC

Recorded by	Organized by
CASE, Lesley (LEEDS TEACHING HOSPITALS NHS TRUST)	CASE, Lesley (LEEDS TEACHING HOSPITALS NHS TRUST)

Microsoft Teams

Meeting with LEWIS, Ceridwyn (LEEDS TEACHING HOSPITALS NHS TRUST)

2023-09-22 07:36 UTC

Recorded by	Organized by
LEWIS, Ceridwyn (LEEDS TEACHING HOSPITALS NHS TRUST)	LEWIS, Ceridwyn (LEEDS TEACHING HOSPITALS NHS TRUST)

Summary

- Platform is Blueprism Cloud
- 14 production & 4 Dev Bots
- 1st Process Live Sept 2020
- Team of 8 members (Programme Lead (1/3), Product owner, 2 x Developers (1 FT), BA (FT) & Control Room Operator + 2 partnership developers)
- Agile Delivery Methodology (3-week development sprints)
- Managed & monitored through DevOps & PowerBI
- 97 live processes covering 19 CSUs/Departments incl. HR, Finance, Elective Recovery, Diagnostics (*Looking to hit 100 processes by March 25*)
- 60 Years Saved (approx. £1.3m (51 wte) cost avoidance/efficiencies)
- £5m coding income generated (Apr 24 –Dec 24) – Forecasting £8m end March 25
- WRP Programme 25/26 (£2 million+ target)

The Automation Team

Partnership Teams



Rob Child
Programme
Manager



Tom Wolf
RPA Developer
MMPS



Josie Cleary
RPA Developer -
Procurement



Lesley Case
Senior RPA
Developer



Camilla Gow
RPA Product Owner



Greg Goodman
RPA Developer
(Fixed term till 30/06/25)



Ceri Lewis
RPA Control Room
Operator



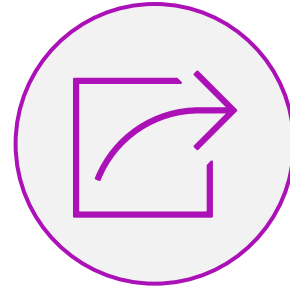
Todor Stanev
RPA Business
Analyst
(Secondment till 30/06/25)



Waiting List
Validation



Diagnostics



Referral
Management



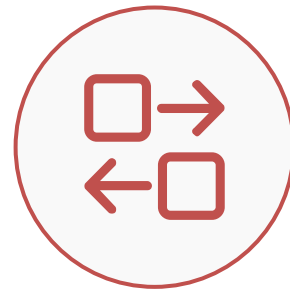
Finance



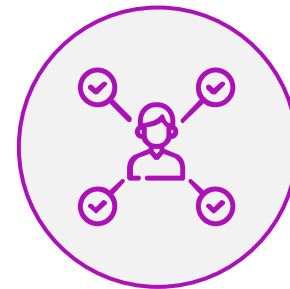
Cancer



Clinic
Outcomes



Appointment
Booking and
Cancellation



Patient
Engagement
Portals

Sending invoices to web centre



RPA Reporting - Invoices to Web Centre

PeriodStart

01/09/2021

19/12/2024

...

Processing Summary

147142

Total Processed

0.14%

Exception Rate

2.14

WTE Returned

£7,424.12

Bot Cost

£61,451.93

Human Cost

£54,027.81

Cost Saved

Processing Times

4,197.54

Time Returned (Hours)

43.56

Avg. Bot Time (Sec)

0.73

Avg. Bot Time (Min)

90

Avg. Human Time (Sec)

1.50

Avg. Human Time (Min)

69.54%

Bot Faster By

Creating Health Roster



RPA Reporting - Create Health Roster

PeriodStart

24/03/2024

19/12/2024

...

Processing Summary

2087

Total Processed

0.34%

Exception Rate

2.70

WTE Returned

£161.53

Bot Cost

£1,449.57

Human Cost

£1,288.04

Cost Saved

Processing Times

101.23

Time Returned (Hours)

66.71

Avg. Bot Time (Sec)

1.11

Avg. Bot Time (Min)

120

Avg. Human Time (Sec)

2.00

Avg. Human Time (Min)

44.40%

Bot Faster By

Finance – Electronic Filing



RPA Reporting - Finance Electronic Filing Starters Leavers

PeriodStart

24/03/2024

19/12/2024

Processing Summary

56930

Total Processed

0.02%

Exception Rate

0.70

WTE Returned



£1,504.72

Bot Cost

£19,431.62

Human Cost

£17,926.90

Cost Saved

Processing Times

1,385.00

Time Returned (Hours)

22.61

Avg. Bot Time (Sec)

0.38

Avg. Bot Time (Min)

60

Avg. Human Time (Sec)

1.00

Avg. Human Time (Min)

62.32%

Bot Faster By

HR – New Badge Request



RPA Reporting - HR New Badge Request

PeriodStart

01/07/2024

19/12/2024

Processing Summary

1580

Total Processed

0.13%

Exception Rate

5.12

WTE Returned

£250.35

Bot Cost

£2,749.30

Human Cost

£2,498.95

Cost Saved

Processing Times

191.99

Time Returned (Hours)

136.79

Avg. Bot Time (Sec)

2.28

Avg. Bot Time (Min)

300

Avg. Human Time (Sec)

5.00

Avg. Human Time (Min)

54.40%

Bot Faster By

HR – Opening Roster Templates



RPA Reporting - Opening Consultant Roster Templates

PeriodStart

01/07/2024

19/12/2024

...

Processing Summary

250

Total Processed

3.20%

Exception Rate

0.42

WTE Returned

£15.52

Bot Cost

£224.87

Human Cost

£209.35

Cost Saved

Processing Times

15.70

Time Returned (Hours)

53.60

Avg. Bot Time (Sec)

0.89

Avg. Bot Time (Min)

160

Avg. Human Time (Sec)

2.67

Avg. Human Time (Min)

66.50%

Bot Faster By

Outpatient Procedure Coding



Generated over £720k income

Process: Cardiology Coding

The Trust's Cardio-Respiratory EPR was updated with all episodes of care carried out, however this was not connected to the PAS. This automation ensures the PAS is accurately & promptly updated with OPCS codes for pacemaker checks. An imperative automation following the move to Payment by Results.



Outpatients



Benefits



Improved patient care



Improved workforce capability



Increased income



Enhanced compliance & reporting



Enhanced data quality



Improved staff experience

DIT

DQ Gecko reports
Appointment type validation (5000 per month)
Adding "TA" to admission for validation
Adding "DC" to patient discharges validation
PPM+ Data Extraction and populate required codes - Lithotripsy
PPM+ Data Extraction and populate required codes - Muscle Biopsy
Data Extraction from PPM+ and repopulate codes on task list for clinical coder to verify and complete: Bone Marrow Aspirate
PPM+ Data Extraction and populate required codes - Venesections
PPM+ Data Extraction and populate required codes - Infusions
DQ RTT - C01 - Discharge Date
DQ RTT - C06 - RS Status Code
DQ RTT - C07- Next Appt Type WDN
DQ RTT - DQ2 - Current Month Zero Wait (OP)
DQ RTT - DQ3 - Current month RTT end dates before admission (IP)
DQ RTT - DQ5 - Open Status with an RTT end date
DQ6 - Waiter with a "Re-open" code & status/RTT end different
DQ RTT - DQ7 - IPSOT Active WL with RTT End Date
DQ RTT - MPD1 - No Pathway SoT
DQ RTT - MPD7 - No Pathway Admission
DQ RTT - MPD9 - No Pathway Waiting List
DQ RTT - MPD2 - No Pathway SoT OP
DQ RTT - MPD3 - No Pathway Referral
DQ RTT - MPD4 - No Pathway Referral Discharge
DQ ADT Corrections
DQ - Admission Source (Care Home) Report A13830
DQ - GP02 Report
DQ - Missing Demographic Items (Key Fields)
DQ - Demographic Queries Report
DQ - Demographic Queries Report
DQ - TCI No Outcome Recorded
DQ - Missing Ethnicity for Admitted Patient
DQ - Day Case with overnight admission
DQ - GP OP Returned Mail
DQ - EDAN - Failed Submission to GP
CC - Data Extraction for partial coding or adding to task list
CC - Coding Complete Review Validation Rules
CC - Coding Complete Pending Histology Report

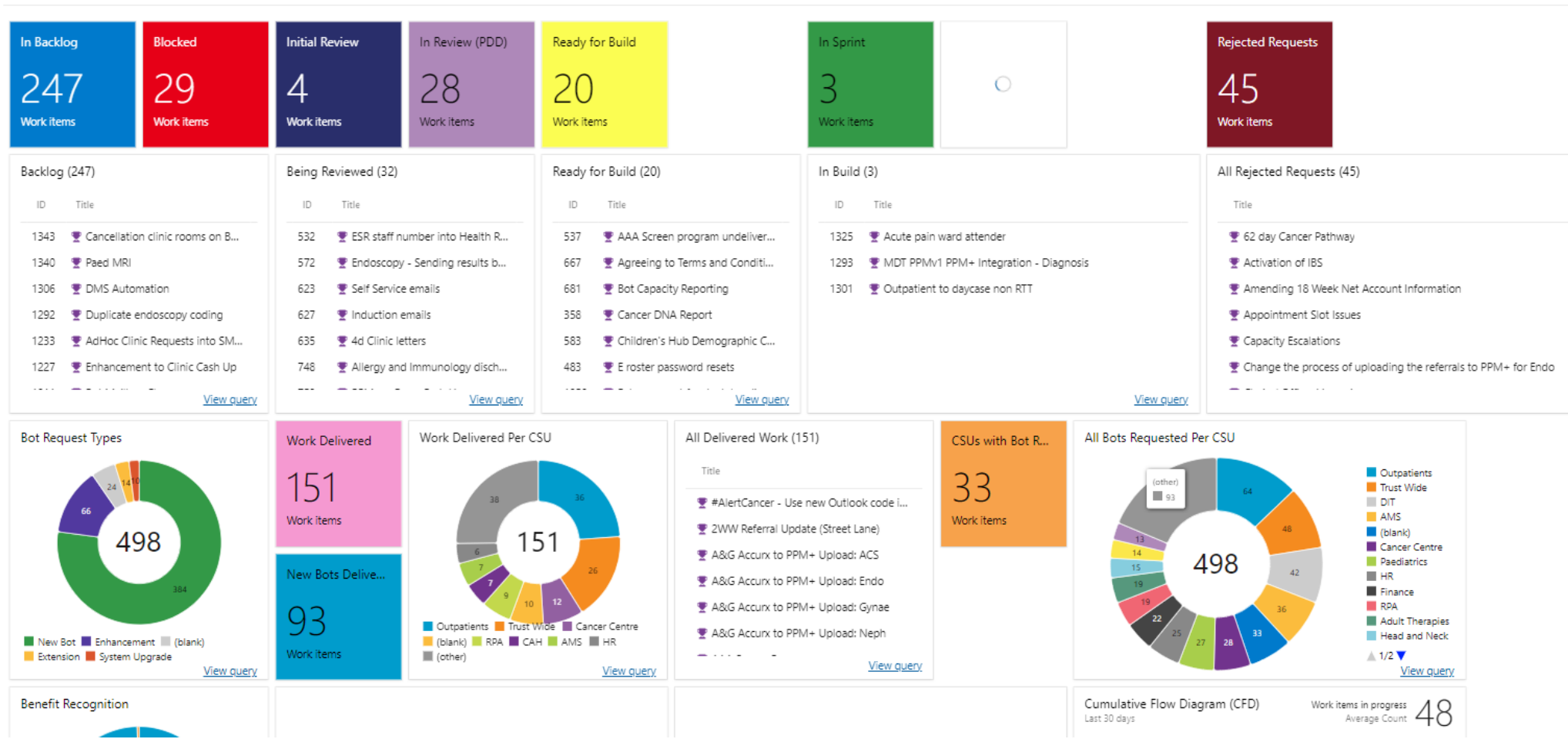
HR

eRostering Reporting
eRostering Approve Annual Leave
Review E-roster access for employees who change roles
New Email addresses added to ESR
Adding OH reports to EMIS
Transfer GMC / right to work info / contact info from ESR to Health Roster
NHSI Report - Create a report of monthly costings for agency and bank staff for submission to NHS England
eSR Hire & Rehire
Junior doctors shift pulling through at £0
Input of job plan into ESR

Finance

CSU timesheets onto master timesheet
Sending leaver forms to appropriate teams to process
Order Administration
Extract of reports
Catalogue Updates
Price Comparison
Procurement System Maintenance
Run the Transaction details report for each CSU
Raising routine invoices
Charge-Exempt Overseas Visitors Recording on PAS
Posting SLAM Journals
SLAM Model
Compensation Recovery
Bank /Agency invoice processing
Update of the Run Rate report

Pipeline Dashboard – Overview



Processes & ROI

Processing Summary

915118

Total Records Processed

6.77%

Exception Rate

Processing Times

100,266.37

Total Time Returned (Hours)

51.03

WTE Per Week

60.40

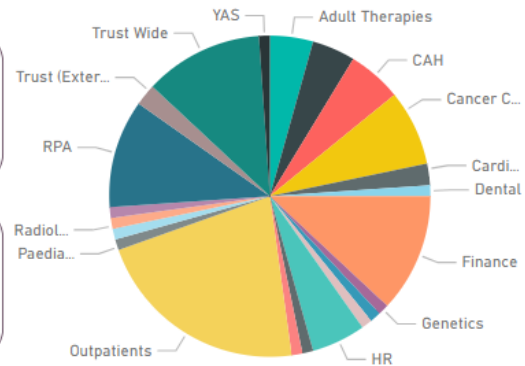
Human Time Given Back (Years)

22

Number of CSUs

92

Number of Automations



ROI (£) Saved

£1,358,603.84

ROI (£)

Leeds Teaching Hospitals NHS Trust Strategy on Intelligent Automation 2024-2027



Sustainability

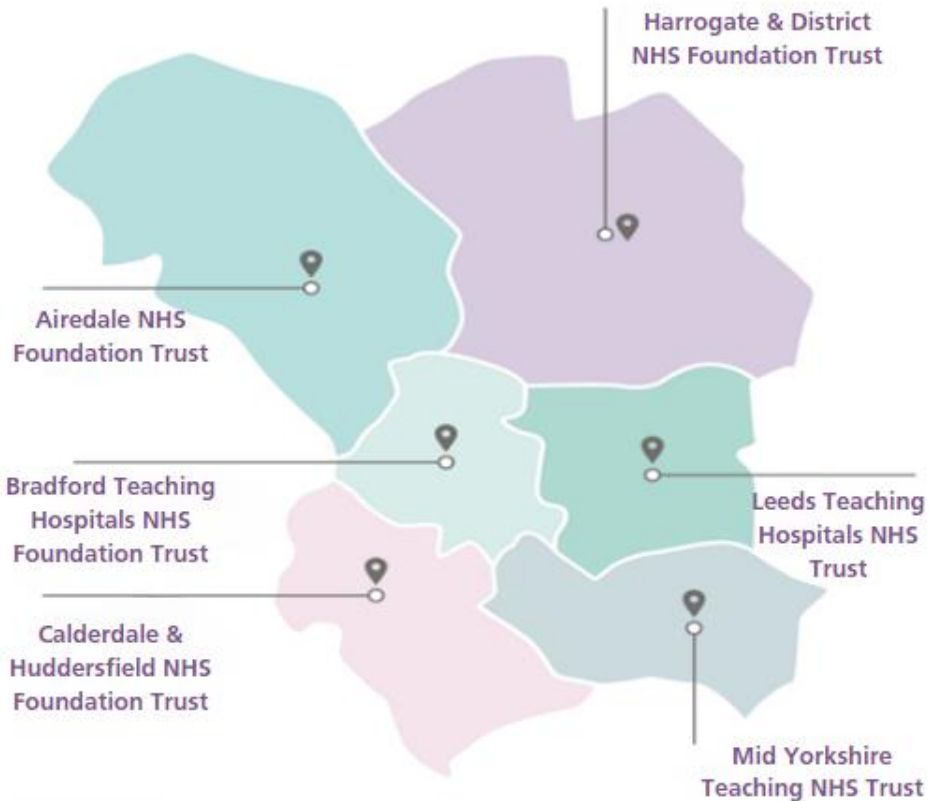


Capacity



Growth

West Yorkshire Association of Acute Trusts (WYAAT)



Airedale
NHS Foundation Trust

Harrogate and District
NHS Foundation Trust

Bradford Teaching Hospitals
NHS Foundation Trust

The Leeds Teaching Hospitals
NHS Trust

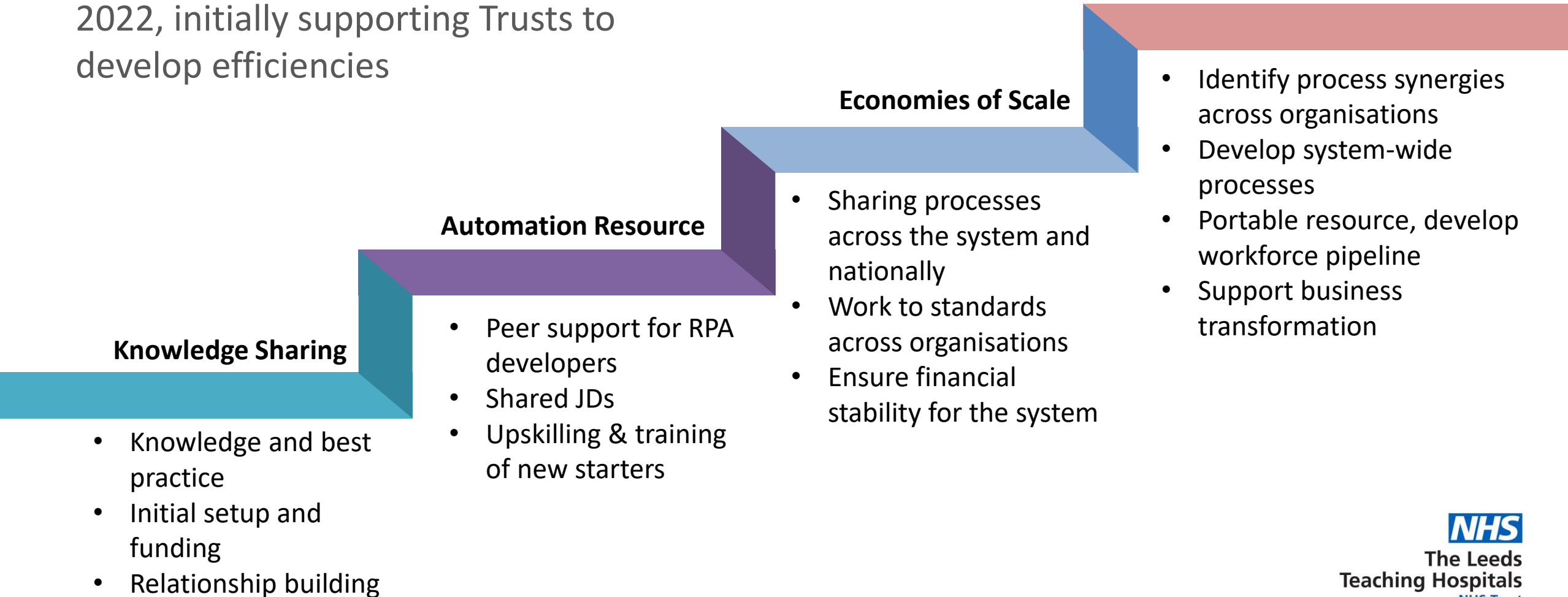
Calderdale and Huddersfield
NHS Foundation Trust

Mid Yorkshire Teaching
NHS Trust

The Leeds Teaching Hospitals
NHS Trust

WYAAT RPA Collaboration

WYAAT RPA collaboration began in 2022, initially supporting Trusts to develop efficiencies



Tips

- Focus on departments to allow the workforce to pivot
- Think about RPA capabilities, not just specific tasks when engaging with teams.
- Its all about the process!
- RPA is just one of the tools in the tool belt
- Have a good prioritisation process
- Be clear about what's your focus. Finance, Safety, Quality (Probably ALL!)
- Understand how the automation will impact the workforce.
- Share, share, share!



Think Bots First



A digital pair of hands to help

Any Questions?

Break – 10 minutes



Gen-AI in action

Craig Kilgour



RPA & GenAI:

Delivering efficiencies through corporate and shared services

Craig Kilgour

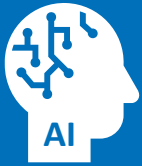
RPA Lead

NHS Arden & GEM CSU

www.ardengemcsu.nhs.uk/rpa

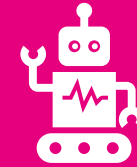


What are GenAI and GenAI Chatbots?



Generative AI (GenAI)

- Uses **advanced machine learning models** to produce human-like text, images, and other content.



GenAI Chatbots

- Are **conversational agents** powered by **large language models (LLMs)** that can:
 - Answer complex questions.
 - Provide summaries and rewrite documents.
 - Offer personalised responses based on user input.

Key Capabilities:

- ✔ Context-aware, intelligent responses
- ✔ Fast retrieval and summarisation of large policy documents
- ✔ Consistent and accurate answers.

Interactive session - Menti

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Q4. What is your primary concern about the increased use of AI in the NHS?

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How GenAI can help NHS colleagues: key use cases



Administrative efficiency

- Automates routine inquiries related to leave policies, HR processes, etc.
- Reduces the time spent searching for information within complex policy documents.



Clinical support

- Provides quick access to medical guidelines, protocols, and best practices.
- Assists in drafting discharge summaries and referral letters.



Training and knowledge sharing

- Serves as an interactive learning tool for new staff members.
- Offers up-to-date and reliable information on NHS regulations and processes.

Benefits:

 Faster decision-making

 Reduced workload for staff

 Improved accuracy in following NHS guidelines

Helping NHS colleagues with policy navigation: key features



Policy lookup

The Chatbot can quickly retrieve relevant sections from lengthy policy documents.



Simplified explanations

It can break down complex regulations into easy-to-understand summaries.



Automated updates

Notifies staff about changes in policies or new guidelines.



Query history

Tracks past queries for quick reference, improving response consistency.

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Q5. How comfortable would you be with recommending AI to colleagues or clinicians?

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Live Demo

Helping NHS colleagues with policy navigation: real-world examples



HAILEE (Hr Artificial Intelligence Linking End to End)

You:

what options do I have when adopting

Hailee:

When adopting, you have several options available:

1. **Adoption Leave:** You are entitled to 52 weeks of adoption leave. This includes 39 weeks of occupational and statutory adoption pay and up to 13 weeks of unpaid leave [[NHS AfC Handbook.pdf](#)].
2. **Fostering for Adoption:** If you are a prospective adopter approved under a "concurrent" or "fostering for adoption" arrangement, you can start your adoption leave when a fostering placement is made or when the child is matched with you for adoption [[NHS AfC Handbook.pdf](#)].
3. **Overseas Adoption:** For overseas adoption, specific requirements must be met, such as notifying your employer of the official notification date and the estimated and actual arrival dates of the child in Great Britain [[NHS AfC Handbook.pdf](#)].
4. **Shared Parental Leave:** You may also be eligible for shared parental leave, which allows the adoption leave and pay to be shared between the adopter and their partner [[NHS AfC Handbook.pdf](#)].
5. **Keeping In Touch (KIT) Days:** You can work up to 10 KIT days during your adoption leave without ending your leave. These days can be used for training or other activities to help you stay connected with the workplace [[HR03 Adoption Policy .pdf](#)].
6. **Flexible Leave Arrangements:** You can arrange your leave to start from the date of the child's placement or up to 14 days before the expected placement date. Only one period of leave is available per adoption arrangement, even if more than one child is placed simultaneously [[HR03 Adoption Policy .pdf](#)].
7. **Extended Leave for Fixed-Term Contracts:** If you are on a fixed-term contract that expires after the notification of a match, your contract can be extended to allow you to take the full adoption leave [[HR03 Adoption Policy .pdf](#)].

These options ensure that you have the necessary support and flexibility during the adoption process.

Type your message here...

Send

HAILEE (Hr Artificial Intelligence Linking End to End)

You:

what options do I have when adopting

Hailee:

When considering adoption, there are several options available:

1. **Adoption Leave:** You are entitled to 52 weeks of adoption leave. This includes:
 - 8 weeks at full pay including any Statutory Adoption Pay (SAP).
 - 18 weeks at half pay, reduced if it exceeds full pay when combined with SAP.
 - 13 weeks at SAP if payable.
 - 13 weeks unpaid leave [[HR03 Adoption Policy .pdf](#)]
2. **Fostering for Adoption:** If you are approved under a concurrent or fostering for adoption arrangement, you may start your adoption leave when the fostering placement is made or when the child is matched with you for adoption. Only one set of adoption leave is payable per placement [[NHS AfC Handbook.pdf](#)].
3. **Adoption Disruption:** If the adoption breaks down, you are entitled to continue your adoption leave and receive the appropriate payment for that time [[NHS AfC Handbook.pdf](#)].
4. **Overseas Adoption:** For overseas adoptions, you must notify your employer of the official notification date and the estimated date the child will arrive in the UK. Adoption leave can commence after the child has entered the UK and must start no later than 28 days after the child has entered [[NHS AfC Handbook.pdf](#)].
5. **Shared Parental Leave:** You can opt for shared parental leave, which can be taken within one year from the placement for adoption, provided two weeks of compulsory adoption leave have been taken first [[HR39 Shared Parental Leave Policy.pdf](#)] [[NHS AfC Handbook.pdf](#)].
6. **Keeping in Touch (KIT) Days:** You can work up to 10 KIT days during your adoption leave without affecting your SAP. These days are intended to help you stay connected with your workplace [[HR03 Adoption Policy .pdf](#)].

These options ensure that you have the necessary support and flexibility during the adoption process.

Type your message here...

Send

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Q6. What is the most significant barrier to wider GenAI adoption in the NHS?

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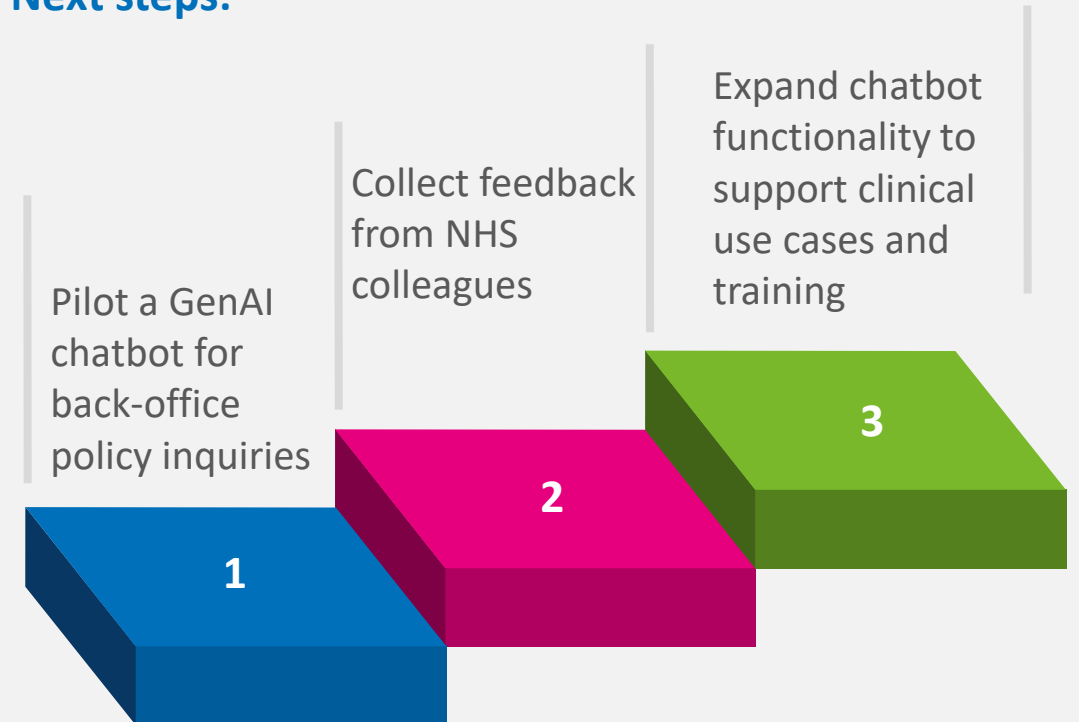
Summary and next steps



Summary:

- GenAI and GenAI chatbots offer a **scalable, efficient solution** for NHS staff, improving clinical and administrative workflows.
- These tools **reduce workload** and **enhance productivity** by automating routine inquiries and providing quick access to complex information.
- Artificial intelligence is **not infallible** and can produce errors. However, it possesses the capability to **self-correct** when made aware.

Next steps:



Thank you



Get in touch with us at:

 www.ardengemcsu.nhs.uk

 @ardengem

 contact.ardengem@nhs.net

Arden & GEM's Corporate Services Maturity Matrix

What is it and how will it provide support/guidance to an organisation?

Andy Gant



NHS Arden & GEM Commissioning Support Unit

CUSTOMERS AND SYSTEMS



90+

Working with a customer base of 90+ organisations across health systems

- NHS England
- ICSS/ICBs
- Providers
- Primary Care
- Local Authorities
- Department of Health and Social Care



Our customer satisfaction score remains at 4.1 out of 5

FINANCE



£103m

Turnover for 2023/24

WORKFORCE



1200+

Multidisciplinary staff



WRES compliant
BME representation comparable to local population

Accreditation

INVESTORS IN PEOPLE
We invest in people Gold

SERVICES AND INNOVATION

- Business intelligence and data
 - IT and digital
 - Healthcare consultancy
 - Procurement
 - Finance
 - Human resources and OD
 - Engagement, communications and marketing
 - Integrated Business Planning
 - Clinical support
-

Quality assurance



Certificate Number 13096



Certificate Number 13096

'Becoming the Best' Programme: Why

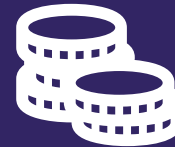


Our footprint on corporate services – 2024/25



50+ partners

Arden & GEM has SLA contracts with more than 50 different organisations to support or deliver their corporate services



circa **£41m**

This equates to circa £41m
(National Data, BI supported and non-SLA contracts are excluded)

Why have a 'Becoming the Best' programme



To ensure we were being as **efficient as possible**, whilst still maintaining the **highest quality standards** and **adapting and changing with the digital environment** around us.



Having a consistent and proven approach to identify waste and quality issues using the **Define, Measure, Analyse, Improve, and Control** methodology.

'Becoming the Best' Programme: How



Corporate services self-assessment tool (Maturity Matrix)



Working with an industry business process outsourcing organisation, we devised a maturity matrix based around **people, process & technology** which measures the maturity of corporate services.



The tool identifies areas where quality increases and/or cost reductions are possible by maturing the ways of working within corporate services, following industry best practice.

Service Improvement Approach



Alongside our Continuous Service Improvement (CSI) team we draw on internationally recognised approaches plus tried and tested methodologies that are relevant to the healthcare sector.



We have used this approach on several of our own corporate services to enhance our quality and measure our current digital maturity versus our strategic aim.

'Becoming the Best' Programme: Benefits and the future

Benefits

The benefits of undertaking our self-assessment improvement programmes are:



Clear identification of where digital maturity is below industry standards



Provides service leaders visibility of the external landscape and art of the possible



Highlights true root causes of poor quality and/or inefficiencies



Empowers and equips staff at grass roots level to implement local improvement programmes successfully

The future



The 'Becoming the Best' Programme will be rolled out across Arden & GEM giving colleagues the tools and skills needed to lead and support their own improvement programmes.

Working In Collaboration



Benchmarking Digital Maturity



Aim



In conjunction with NHS Benchmarking, we are working to understand digital maturity and corporate services transformation within the NHS and will shortly be issuing a questionnaire to all organisations.



The aim of this work is to accelerate digital and corporate services transformation across the NHS.

Networking and Resources Opportunity

Terry Huff



Feedback on Session

All



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Q7. What topics would you like to cover in future webinars?

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Next steps & Close

